POVERTY EXEMPTION APPLICATION

I,, Petitioner, being the owner and residing at the property that is listed below as my principal residence, apply for property tax relief under MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893. The principal residence of persons who, in the judgment of the township supervisor or city assessor and board of review, by reason of poverty are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation per MCL 211.7u(1).							
regarding all members resi	complete, this application must ding within the household, as e legibly and attach additiona	nd 3) incl	ude all required	ntirety, 2) include infor locumentation as listed	mation within		
PERSONAL INFORMATION: Petitioner must list all required personal information.							
Property Address of Principal Re	Property Address of Principal Residence: Daytime Phone Number:						
Age of Petitioner:	8	Marital S	tatus:	Age of Spouse:			
Number of Legal Dependents:	3	Age of Dependents:					
Applied for Homestead Property	Tax Credit (yes or no):	Amount of Homestead Property Tax Credit:					
REAL ESTATE INFORMATION: List the real estate information related to your principal residence. Be prepared to provide a deed, land contract or other evidence of ownership of the property at the BOR meeting. Property Parcel Code Number: Name of Mortgage Company:							
·							
Unpaid Balance Owed on Princip	pal Residence:	Monthly Payment: Len		ength of Time at This Resid	gth of Time at This Residence:		
Property Description:		-	· · · · · · · · · · · · · · · · · · ·				
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ADDITIONAL PROPERTY INFORMATION: List information related to any other property you, or any household member owns.							
Do you own, or are buying, other information below.	Amount of Income Earned from Other Property:						
Property Address	Name of Owner(s)		Assessed Value	Amount & Date of La	ist Taxes		
			\$				
8	3		\$				

LIST ALL PERSONS LIVING IN HOUSEHOLD: All persons residing in the residence must be listed. Amount of Place of Employment Monetary Relationship to First & Last Name Age Contribution to Applicant Family Income PERSONAL DEBT: All personal debt for all household members must be listed. Creditor Purpose of Debt Date of Debt Original Balance Monthly Payment Balance Owed MONTHLY EXPENSE INFORMATION: The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary. Heating: Electric: Water: Phone: Cable: Food: Clothing: Heath Insurance: Garbage: Daycare: Car Expense (gas, repair, etc): Other (list type): Other (list type):

EMPLOYMENT INFORT	MATI	ON: List your cu	irre	nt employ	ment ii	Contact	Person:		
lame of Employer:	Name of C			Joinnot	Comact 1 615011.				
Address of Employer:						Employer Phone Number:			
cist all income sources, etirement accounts), unem claims and judgments from ource of income.			111	dicability	COVEL	uneill D	CHAIDHA. WUING	9 COMPON	Deteron, or radical
Source of Income]	Monthly or Annual Income (indicate which)					
CHECKING, SAVINGS members, including but a certificates of deposit, cash Name of Financial Instituti	not li: ., stocl	mited to: check ks, bonds, or sim	ing ilar	accounts, investmen Curren	savir its. nt	: List a	any and all sav	avings, cir	I by all household be dit union shares Value of Investment
or Investments		Amount on Depo	sit	Interest l	Kate		Name on Account		Mitodation
									,
LIFÉ INSURANCE: Lis	t all pe	olicies held by al	l ho	ousehold m	iembei	·s.		-	
Name of Insured	À	mount of Policy		Monthly Payment	Police	cy Paid Full	Name of Beneficiary		Relationship to Insured
MOTOR VEHICLE INF	ORM on res	IATION: All m	oto:	r vehicles (isehold mu	(includ	ling mot	orcycles, motor	homes, ca	mper trailers, etc.
		Year				nthly Payment		alance Owed	
			-						
	+								

Notice: Any willful misstatements or misrepresentations made on this form may constitute perjury, which, under the law, is a felony punishable by fine or imprisonment.

Notice: Per MCL 211.7u(2b), a copy of all household members federal income tax returns, state income tax returns (MI-1040) and Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income or a signed Form 4988, Poverty Exemption Affidavit. Documentation for all income sources including, but not limited to, credits, claims, Social Security income, child support, alimony income, and all other income sources must be provided at time of application.

Petitioners: Do not sign this application until witnessed by the Supervisor, Assessor, Board of Review or Notary Public. (Must be signed by either the Supervisor, Assessor, Board of Review Member or Notary Public)

I, the undersigned Petitioner, here household member residing within	eby declare that the foregoing in n the principal residency, have n	formation is complete and in the sound income or property	other than mentioned herein.
	Petitioner Signature	-	Date
Subscribed and sworn this	day of	, 2011	
Assessor Signature:		Printed Name:	
BOR Member Signature:		Printed Name:	
Notary Signature:		Printed Name:	
My Commission Expires:			
This application shall be filed aft the address below.	er January 1, but before the day Board of Review c/o Supervisor o Name of Local U Street Address City, State, ZIP	r Assessor	December Board of Review to

DECISIONS OF THE MARCH BOARD OF REVIEW MAY BE APPEALED BY PETITION TO THE MICHIGAN TAX TRIBUNAL BY JULY 31 OF THE CURRENT YEAR. JULY OR DECEMBER BOARD OF REVIEW DENIALS MAY BE APPEALED TO MICHIGAN TAX TRIBUNAL BY PETITION WITHIN 35 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE PETITION.

> Michigan Tax Tribunal PO Box 30232 Lansing, MI 48909

Phone: 517-373-4400

E-mail: taxtrib@michigan.gov