Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

To be considered complete, this application must: 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.

PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information.								
Petitio	ner's Name		Daytime Phone Number					
Age of Petitioner Marital Status				Age of Spouse	Num	Dependents		
Proper	ty Address of Principal Residence	J		City		State	ZIP Code	
Check if applied for Homestead Property Tax Credit				Amount of Homestead Property Tax Credit				
PAR	T 2: REAL ESTATE INF	ORMATIO	N					
	the real estate information				to provide a	deed, lan	d contract or other	
Property Parcel Code Number				Name of Mortgage Company				
Unpaid	d Balance Owed on Principal Resid	dence	Monthly Payment	A. CAMBRICATION	Length of Time	at this Resid	ence	
Property Description								
PART 3: ADDITIONAL PROPERTY INFORMATION								
PAR	1 3: ADDITIONAL PRO	PERITINI	FORMATION					
List	information related to ar	ny other pro	perty owned by yo	u or any member resid	ding in the ho	ousehold		
Chack if you give are are having other property. If chacked complete the Amount of Income Earned from other Property							om other Property	
Check if you own, or are buying, other property. If checked, complete the information below.							_	
	Property Address			City		State	ZIP Code	
1	Name of Owner(s)		Assessed Value	Date of Last Tax	kes Paid	Amount of Taxes Paid		
	Property Address			City		State	ZIP Code	
2			W1377	A	Data of Log To	ron Daid	Amount of Toyog Daid	
	Name of Owner(s)			Assessed Value	Date of Last Tax	xes Paid	Amount of Taxes Paid	

Address of Employer Contact Person Employer Telephone Number Employer Telephone Number Employer Telephone Number Contact Person Employer Telephone Number Employer Telephone Num
Contact Person Employer Telephone Number PART 5: INCOME SOURCES List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income, for all persons residing at the property. Source of Income Monthly or Annual Income (indicate which) PART 6: CHECKING, SAVINGS AND INVESTMENT INFORMATION List any and all savings owned by all household members, including but not limited to: checking accounts, saving accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for a persons residing at the property. Name of Financial Institution Amount Current Value of
PART 5: INCOME SOURCES List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income, for all persons residing at the property. Monthly or Annual Income (indicate which) PART 6: CHECKING, SAVINGS AND INVESTMENT INFORMATION List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for a persons residing at the property. Name of Financial Institution Amount Current Value of
List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income, for all persons residing at the property. Monthly or Annual Income (indicate which)
accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income, for all persons residing at the property. Monthly or Annual Income (indicate which) PART 6: CHECKING, SAVINGS AND INVESTMENT INFORMATION List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for a persons residing at the property. Name of Financial Institution Amount Current Value of
PART 6: CHECKING, SAVINGS AND INVESTMENT INFORMATION List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for a persons residing at the property. Name of Financial Institution Amount Current (indicate which) (indicate which) (indicate which)
List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for a persons residing at the property. Name of Financial Institution Amount Current Value of
List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for a persons residing at the property. Name of Financial Institution Amount Current Value of
List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for a persons residing at the property. Name of Financial Institution Amount Current Value of
List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for a persons residing at the property. Name of Financial Institution Amount Current Value of
List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for a persons residing at the property. Name of Financial Institution Amount Current Value of
Traine of Financial Industrial
or Investments on Deposit Interest Rate Name on Account Investment
PART 7: LIFE INSURANCE — List all policies held by all household members.
Amount of Monthly Policy Paid in Relationship to Name of Insured Policy Payments Full Name of Beneficiary Insured
PART 8: MOTOR VEHICLE INFORMATION
All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.
Make Year Monthly Payment Balance Owed

PART 9: HOUSEHOLD OCCUPANTS — List all persons living in the household.									
First and Last Name			Relationship		Plac	ace of Employment		\$ Contribution to Family Income	
THOU and Edds.			-3-		- 1			•	
		- Inneres							
		-							
A 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1990				
AMARIA AMARIA					14000				
PART 10: PERSONAL DE	BT — List all	personal d	ebt for a	ll hou	usehold mem	bers.			
			Dat						
Creditor	Purpose o	of Debt	of De	bt	Original Ba	lance	Mont	hly Payment	Balance Owed
								!	
and the state of t									
		<u></u>							- ANNOVAN
									- Connect
									an Johnson Co.
									
1.000					***************************************				
PART 11: MONTHLY EXPI	ENSE INFOR	MATION							
The amount of monthly exnecessary.			orincipal	resid	lence for eac	ch cat	egory ı	must be listed	d. Indicate N/A as
Heating Electric			Water				Phone		
Cable Food				Clothing			Health Insurance		
Garbage Daycare							Car Expense (gas, repair, etc.)		
Other (type and amount) Other (and amount)				Other (type and amount)		
Other (type and amount) Other (type and amount)			nd amount)			Other (type and amount)			

NOTICE: Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 11: POLICY AND GUIDELINES ACKNOWLEDGMENT						
The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.						
The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.						
PART 12: CERTIFICATION						
I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.						
Printed Name	Signature	Date				

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760

E-mail: taxtrib@michigan.gov

Federal Poverty Guidelines Used in the Determination of Poverty Exemptions for 2025

Local governing bodies are required to adopt guidelines that set income levels for their poverty exemption guidelines and those income levels **shall not be set lower** by a city or township than the federal poverty guidelines updated annually by the U.S. Department of Health and Human Services. This means, for example, that the income level for a household of 3 persons shall not be set lower than \$25,820 which is the amount shown on the following chart for a family of 3 persons. The income level for a family of 3 persons may be set higher than \$25,820. Following are the federal poverty guidelines for use in setting poverty exemption guidelines for 2025 assessments:

Size of Family Unit	Poverty Guidelines
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
For each additional person	\$5,380

Note: MCL 211.7u states that the poverty exemption guidelines established by the governing body of the local assessing unit shall also include an asset level test. An asset test means the amount of cash, fixed assets or other property that could be used, or converted to cash for use in the payment of property taxes. The asset test should calculate a maximum amount permitted and all other assets above that amount should be considered as available. Please see STC Bulletin 22 of 2023 for more information on poverty exemptions.

Note: MCL 211.7u allows an affidavit (Treasury Form 4988) to be filed for all persons residing in the residence who were not required to file federal or state income tax returns in the current year or in the immediately preceding year. This includes the owner of the property who is filing for the exemption.