

**PROPERTY TAX POVERTY EXEMPTION APPLICATION**

**NOTE:** This application must be filed annually. For the \_\_\_ tax year, the form must be filed after January 1, 20\_\_ but on or before the March Board of Review.

**APPLICANT INFORMATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widow(er) \_\_\_ Separated

If married or separated, name of spouse: \_\_\_\_\_

Age of Applicant: \_\_\_\_\_

Age of Spouse: \_\_\_\_\_

Applicant's Social Security No: \_\_\_\_\_

Spouse's Social Security No: \_\_\_\_\_

Name and Age of Dependents: \_\_\_\_\_

\_\_\_\_\_

**List Persons Living in Household (not including spouse or dependents):**

	<b>Name</b>	<b>Relationship To Applicant</b>	<b>Place of Employment</b>	<b>Contribution To Family Income</b>
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

Applicant's employer: \_\_\_\_\_

Spouse's employer: \_\_\_\_\_

**Check if any of the following describe you or your spouse:**

Paraplegic, quadriplegic, or hemiplegic:	___ You	___ Your Spouse
Totally and permanently disabled:	___ You	___ Your Spouse
Veteran:	___ You	___ Your Spouse
Blind:	___ You	___ Your Spouse

**PROPERTY INFORMATION**

Address for which exemption is requested: \_\_\_\_\_  
 Parcel Code No (from tax bill): \_\_\_\_\_  
 This property is: \_\_\_ My Homestead      \_\_\_ Agricultural Property  
 How long have you owned the above-described property? \_\_\_ Years  
 If the property is your homestead, how long have you lived at this address? \_\_\_ years  
 Is the property paid for?      \_\_\_ Yes      \_\_\_ No  
 If the property is not paid for, how much is the unpaid balance? \_\_\_\_\_  
     What is the monthly payment on the property? \_\_\_\_\_  
     What is the name of the mortgage company? \_\_\_\_\_  
 Do you have any taxes now due? \_\_\_ Yes    \_\_\_ No  
     If yes, how many times? \_\_\_\_\_  
 Have you applied for a Homestead Property Tax Credit this year? \_\_\_ Yes    \_\_\_ No  
 If yes, how much was this credit? \_\_\_\_\_

**SECTION A:**

**INCOME DECLARATION OF ALL OCCUPANTS IN HOUSEHOLD**

List all sources of income for yourself and all other occupants of the household and indicate whether the amount is on a per month or per year basis.

	<b>YOURSELF</b>	<b>OTHER OCCUPANTS</b>
1. Salaries and Wages	_____	_____
2. Social Security, Supplemental Income (SSI) Railroad Retirement Benefits	_____	_____
3. Disability Insurance and Workers Compensation	_____	_____
4. Pension and Annuity Benefits	_____	_____
5. Unemployment Insurance Benefits	_____	_____
6. Alimony	_____	_____
7. Child Support	_____	_____
8. Aid to Families with Dependent Children (AFDC)	_____	_____
9. All Other Public Assistance Payments (food stamps, utility payments, etc.)	_____	_____
10. Interest and Dividends	_____	_____
11. Rental Income	_____	_____
12. Net Farm Income	_____	_____
13. Royalties and Net Business Income	_____	_____
14. Other sources of income	_____	_____
<b>TOTAL INCOME</b>	_____	_____

**SECTION B:  
REAL ESTATE**

List all real estate owned in full or in part by you and all occupants of your household.  
Do not include your homestead.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**SECTION C:  
PERSONAL PROPERTY**

Only complete this section if you are requesting an exemption for agricultural property.  
List all farm related equipment and assets owned in full or in part by you and all  
occupants of your household.

	<u>ASSET</u>	<u>BALANCE OWED</u>	<u>MONTHLY PAYMENT</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**SECTION D:  
BANK ACCOUNTS, SAVINGS AND INVESTMENTS**

List all bank accounts, savings and investments owned by you and all occupants of your  
household, including savings accounts, checking accounts, credit union shares,  
certificates of deposit, cash and stocks.

	<u>NAME OF FINANCIAL INSTITUTION OR INVESTMENT</u>	<u>NAME ON</u>	<u>AMOUNT ON</u>	<u>VALUE OF</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**SECTION E:  
VEHICLES**

List all motor and recreational vehicles owned by you and all occupants of the household.

	<b>MAKE</b>	<b>YEAR</b>	<b>MONTHLY PAYMENT</b>	<b>BALANCE OWED</b>	<b>BLUE BOOK VALUE</b>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

**SECTION F:  
LIFE INSURANCE**

List all policies held by you and your spouse.

	<b>INSURED</b>	<b>AMOUNT OF POLICY</b>	<b>MONTHLY PAYMENT</b>	<b>NAME OF BENEFICIARY</b>	<b>RELATIONSHIP TO INSURED</b>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

**SECTION G:  
PERSONAL DEBTS**

List all outstanding debts, including home improvement loans, credit cards, personal loans, automobile loans, school loans, etc. Do not include mortgage payments.

	<b>CREDITOR</b>	<b>PURPOSE OF DEBT</b>	<b>AMOUNT OWED</b>	<b>MONTHLY PAYMENT</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

**SECTION H:  
MONTHLY EXPENSES**

Give actual costs where available: estimate other costs as closely as possible.

- |   |       |
|---|-------|
| 1. Fuel (oil, coal, etc.)                       | _____ |
| 2. Lights & gas (including heat)                | _____ |
| 3. Water, sewer, garbage                        | _____ |
| 4. Telephone                                    | _____ |
| 5. Food   | _____ |
| 6. Clothing                                     | _____ |
| 7. Doctor & Medical                             | _____ |
| 8. Hospital Insurance                           | _____ |
| 9. Transportation costs (not including car pmt) | _____ |
| 10. Child care expenses                         | _____ |
| 11. Long term care                              | _____ |
| 12. Other expenses (please list)                | _____ |
| 13. Other expenses (please list)                | _____ |
| <b>TOTAL EXPENSES</b>                           | _____ |

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

**NOTICE:** A copy of the latest federal income tax return, state income tax return and Homestead Property Tax Credit claim (MI-1040CR 1, 2,3, or 4) for you and every occupant of the homestead must be attached as proof of income.

**NOTICE:** Decisions of the Board of Review may be appealed to the Michigan Tax Tribunal by June 30, 20\_\_.

**NOTE:** Do not sign until witnessed by the Assessor, Board of Review or Notary Public.

The undersigned, being duly sworn, says that the statements made in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

**Applicant:** \_\_\_\_\_

**Subscribed and sworn this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_.

**Signature:** \_\_\_\_\_  
(Assessor, Board of Review or Notary Public)