

Poverty Exemption Application

I, _____, being the owner and resident of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act, (the real and personal property of persons who, in the judgement of the supervisor and board of review, by reason of poverty are unable to contribute toward the public charges, are exempt from taxation under this act).

The Hardship Exemption is based on your income of the year just ending.

Property Number _____ Tax Year _____

Property Address _____ Phone No _____

Martial Status _____ Age of Applicant _____ Age of Spouse _____

Number of Dependents _____ Age of Dependents _____

ATTACH A COPY OF YOUR 1040 CR AND FEDERAL OR STATE INCOME TAX RETURN

Provide federal and state income tax returns for all persons residing in the principal residence including any property tax credit returns. These income tax returns shall include those filed in the current year or in the immediately preceding year. **Important: the law does not allow for the filing of an affidavit attesting that a taxpayer does not file income tax returns. The law requires the applicant to file and produce an income tax return even if that return is a zero filing.**

REAL ESTATE: Is home paid for ? _____ Unpaid Balance _____

Name of Mortgage Company _____ Monthly Payment _____

How long have you lived at this residence _____

Do you own, or are you buying any other property ? _____

IF so, list below:

Property Address	Name of Owner	Assessed Value	Amount and Date of Last taxes Paid

Income earned from above property \$ _____

Name of Employer _____ Phone No _____

Address _____

INCOME: List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgements from lawsuits, alimony, child support and any other source

Source of Income	Monthly or Annual Income

SAVINGS AND INVESTMENTS: List all savings owned by you or your spouse, including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds or similar investments.

Name of Financial Institution or Investments	Amount on Deposit	Name on Account	Value of Investment

LIFE INSURANCE: List all policies held by you or your spouse

Insured	Amount of Policy	Amt. Paid Monthly	Paid up Policy	Name of Beneficiary	Relationship to Insured

MOTOR VEHICLES IN HOUSEHOLD:

Make	Year	Monthly Payment	Balance Owed

LIST ALL PERSONS LIVING IN HOUSE HOLD:

Last Name	First Name	Age	Relationship	Employment	Contribution to Family Income

PERSONAL DEBTS:

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

MONTHLY EXPENSES:

Utilities _____ Food _____ Phone _____
Clothing _____ Heat _____ Car Expense _____
Other (specify) _____

OTHER ASSETS: List all other and their values that are owned by or controlled by you. (Such as boats, coin collections, antiques, silver)

Description	Value	Owner

PERSONAL CIRCUMSTANCES: Please describe your personal circumstances and reasons you are requesting the Hardship Exemption

Attach additional sheet(s) if necessary

TOWNSHIP OF _____

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: A copy of your latest federal income tax return, state income tax return (MI-1040), Social Security Statement and your Homestead Property Tax Credit claim (MI-1040 CR 1, 2, 3 or 4) must be attached as proof of your income.

Failure to attach proof of income shall result in denial of exemption

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

STATE OF MICHIGAN - SAINT JOSEPH COUNTY

The undersigned, be duly sworn, deposes and 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.

Petitioner

Subscribed and sworn this _____ day of _____, 19_____.

Supervisor, Assessor, Board of Review Member or Notary Public

This application must be returned no later than the second Monday in March to the Board of Review.

FOR BOARD OF REVIEW USE

Disposition of Board of Review

Date _____

Denied: _____ Approved: _____ Assessment reduced to _____

Supervisor _____ Chairperson _____ Member _____ Member _____

Decisions may be appealed to the Michigan Tax Tribunal

The Hardship Exemption is granted or denied for just one year.

You must apply each year for the Hardship Exemption