

Petition Number: \_\_\_\_\_  
Parcel Number: 17-010-\_\_\_\_-\_\_\_\_-\_\_\_\_

This application must be filled out carefully and completely. A copy of the current year Federal Income Tax Returns, with the Michigan Property Homestead Form, **MUST** be submitted with this application, for each person residing in the homestead. All information supplied will be kept confidential. All applications **MUST** be complete and contain accurate information or they will not be considered. Applications submitted without complete forms or income tax returns will **NOT** be processed.

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CONFIDENTIAL – RESTRICTED ACCESS

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**Petitioner's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address of property for which relief is being sought:** \_\_\_\_\_

**Petitioner's Marital Status:**

- Married                      How long? \_\_\_\_\_
- Divorced                      How long? \_\_\_\_\_
- Widow/Widower              How long? \_\_\_\_\_
- Separated                      How long? \_\_\_\_\_
- Single                          How long? \_\_\_\_\_

**Employment Status: Please check the applicable box**

- Employed full time              Usual Occupation: \_\_\_\_\_
- Employed part time              Employer: (last employer) \_\_\_\_\_
- Unemployed                      How long? \_\_\_\_\_
- Other, explain                      \_\_\_\_\_
- Disabled                          How long? \_\_\_\_\_
- Retired                              How long? \_\_\_\_\_
- Laid off                              How long? \_\_\_\_\_

**Describe any disability or health problems you may have:**

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**Spouse's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Employment Status: Please check the applicable box**

- Employed full time              Usual Occupation: \_\_\_\_\_
- Employed part time              Employer: (last employer) \_\_\_\_\_
- Unemployed                      How long? \_\_\_\_\_
- Other, explain                      \_\_\_\_\_
- Disabled                          How long? \_\_\_\_\_
- Retired                              How long? \_\_\_\_\_
- Laid off                              How long? \_\_\_\_\_

**Describe any disability or health problems he or she may have:**

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**Other persons currently residing in homestead:**

Name	Age	Relationship	Employment Status	Employer or School Attending	Dependent? (circle one)	

**Does any person listed above or any other people make a financial contribution to the household?**

If yes, how much does this person contribute each month?

Person's name: \_\_\_\_\_ Amount\$ \_\_\_\_\_

**Are you and/or your spouse the sole owners of this homestead?** \_\_\_\_\_

If no, who else has interest in the property? \_\_\_\_\_ Explain \_\_\_\_\_

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**When did you and/or your spouse purchase this homestead?** \_\_\_\_\_

What was the purchase price? \$ \_\_\_\_\_ Have improvements, additions, changes been made to this homestead in the past two (2) years? \_\_\_\_\_ If yes, explain \_\_\_\_\_

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**Is there a mortgage or land contract balance on this property?** \_\_\_\_\_

If yes, what is the payment amount? \_\_\_\_\_ Does the payment include property taxes? \_\_\_\_\_

What is the remaining balance due on the mortgage or land contract? \_\_\_\_\_ When will it be paid off? \_\_\_\_\_

Are all outstanding taxes paid? \_\_\_\_\_ If no explain \_\_\_\_\_

**Did you or your spouse seek property tax relief last year?** \_\_\_\_\_

**Other Real Estate Holdings:**

Do you, your spouse or any other persons residing in the homestead have a financial interest in other real estate? \_\_\_\_\_

If yes, please provide the following information concerning that financial interest.

Location – City & State	Tax ID Number of Property	Value of Property	Amount of Equity

**Other Assets and Income Data**

List all other sources of personal income. Income includes all money coming into the household from any source or person.

Source	Annual Income	Source	Annual Income
Employment	\$	Pension	\$
Social Security	\$	Unemployment compensation	\$
Workman's Comp	\$	Welfare assistance/ Food stamps	\$
A.D.C.	\$	Alimony	\$
Interest & Dividends	\$	Child Support	\$
Insurance	\$	Gifts/other	\$

**Household Income**

List the total income for each person residing in the household. Attach additional sheets if necessary.

Name	Total income prior year	Total income current year
Petitioner:	\$	\$
Spouse:	\$	\$
Other Person:	\$	\$
Other Person:	\$	\$

**Assets – List all assets: MUST be completed:**

Asset	Net Value	Asset	Net Value
Cash	\$	Other:	\$
Savings Accounts	\$	Other:	\$
Checking Accounts	\$	Other:	\$
Stocks & Bonds	\$	Other:	\$
Certificates	\$	Other:	\$
Insurance	\$	Other:	\$

**Vehicles – List vehicles members of the homestead own/drive. Include leased vehicles.**

Driver or Owner	Year	Make	Model

**Do you anticipate any major changes in income for the coming year? \_\_\_\_\_ If yes, explain below:**

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**Expenses:**

*Monthly Household:*

House Payment	\$	Water/Sewer	\$	Electricity	\$
Heating – Gas/Oil	\$	Telephone	\$	Cable TV	\$

*Monthly Medical Expenses:*

Persons Name	Relationship	Hospital	Doctor	Prescriptions
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

*Personal Debts:*

Person or Company	Purpose of debt	Date debt incurred	Original amount of debt	Monthly payment	Balance remaining
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**Do you expect to sell the homestead for which property tax relief is being sought in the next year? \_\_\_\_**

### Applicants Certification

I am (We are) unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I have read this application and fully understand the contents thereof. I (we) declare that the statements made herein are complete, true and correct to the best of my (our) knowledge. I (we) further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability. I (we) further understand that if this application is incomplete or I (we) fail to include all sources of income this application will not be considered by the Board of Review and that I (we) conform to the attached income and asset guidelines.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouses Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions for Applicant Requesting consideration for a Poverty Exemption

1. Applicants must obtain the proper applications from the Assessor's Office. Handicapped or infirmed applicants may call the Assessor's Office to make necessary arrangements for assistance.
2. Applicants will not be eligible for consideration if they do not meet the Federal Poverty Guidelines.
3. Applicants must be owners of the property and reside therein.
  - a. *Must provide a driver's license or other acceptable methods of identification.*
  - b. *Must produce a deed, land contract or other evidence of ownership if the Assessor requests it.*
4. Applicants must fill out the application form in its entirety and return it, in person, to **Raber Township Assessor- Tina Fuller, 17165 S Deer Run Rd, Kinross Michigan 49752** except as noted in item 1 above.
  - a. *Application must not be signed until it is returned*
  - b. *Application must be witnessed by the Assessing Officer or Board of Review Member*
5. All applicants must submit current and prior years copies of the following:
  - a. *Federal Income Tax Return – 1040 or 1040 A*
  - b. *State Income Tax Return – MI – 1040*
  - c. *Homestead Property Tax Claim – MI – 1040CR*
6. Applications must be filed with the Assessor between February 1 and the second Monday in March.
7. Applications may be reviewed by the board without the applicant being present. However, the board may request that an applicant be physically present to respond to any questions the board or assessor may have. This means that you may be called in to appear on short notice.
8. You may have to answer questions regarding your financial affairs, your health or the status of people living in your home before the board at a meeting which is open to and will be attended by the public.

9. Applicants appearing before the board will be administered an oath as follows:

"Do you \_\_\_\_\_ swear and affirm that the evidence and testimony you will give in your own behalf before the Board of Review is the truth, the whole truth, and nothing but the truth, so help you."

Applicant responds, "I do" or "I will".

10. The Supervisor/Assessor must agree to the board's decision in regards to the disposition of all individual poverty claims or the decision is null and void.

11. Applicants will be evaluated based on:

*a. Data submitted to the board by the petitioner*

*b. Testimony taken from the petitioner and information gathered from any source the board may wish to use*

12. The board will also consider all revenue and nonrevenue producing assets owned by the petitioner in its deliberations as to whether relief should be granted.

13. The board may only grant property tax relief based on poverty annually.

14. A successful applicant may be subject to personal investigation by the **Township of Raber**. This would be done to verify information submitted or statements made to the Assessor or Board of Review in regard to their poverty tax exemption claim.

15. The assessor may tape record and will keep minutes of all proceedings before the Board of Review and all meetings must be held in a municipal building.

Deliver your application to:

Raber Township Assessor  
**Tina Fuller**  
**17165 S Deer Run Rd**  
**Kinross, MI 49752**

**Questions: Please call (906) 632-5712 or (906) 360-9055**

**To be completed by Assessor/Board of Review Only**

Petition Number \_\_\_\_\_

Parcel Number **17-010**-\_\_\_\_-\_\_\_\_-\_\_\_\_

Property Address: \_\_\_\_\_

1. Documentation complete: (circle one)      Yes    No
2. Total Annual Income: \$ \_\_\_\_\_
3. Persons in household: \_\_\_\_ Current year Federal Poverty Total Maximum Income: \_\_\_\_\_
4. Total Asset Value: \$ \_\_\_\_\_  
Annual income \_\_\_\_\_ X (5) = \_\_\_\_\_ (asset value shall not exceed 5 times the annual household income)
5. Current year (tentative) property taxable value: \_\_\_\_\_
6. Current year (estimated) property taxes: \_\_\_\_\_
7. Current year rate of inflation increase: \_\_\_\_\_  
Taxable value \_\_\_\_\_ X rate of inflation \_\_\_\_\_ = maximum taxable liability \_\_\_\_\_  
(for consideration for partial exemptions)
8. Current year (estimated) *partial exemption* property taxes: \_\_\_\_\_
9. Michigan Property Tax credit (1040CR): \$ \_\_\_\_\_

**Board of Review Use Only**

Recommendation by Board of Review (see BOR minutes for voting)

Date: \_\_\_\_\_

- Denied
- Partial exemption, reduce taxable value to \_\_\_\_\_
- Full exemption

Comments:

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