



# POVERTY EXEMPTION APPLICATION CONFIDENTIAL INFORMATION

Year: **2022**

Petition #: \_\_\_\_\_

Parcel #:74-20-\_\_\_\_\_

In order to be considered complete, this application must:

- 1) Be completed in its entirety;
- 2) Include a copy of last year's State and Federal income tax returns, for each person residing within the household or contributing to the homestead; *and*
- 3) Include all required documentation as listed in the guidelines and within this application.

**PLEASE WRITE LEGIBLY AND ATTACH ANY ADDITIONAL PAGES AS NECESSARY.**

**PETITIONER INFORMATION:**

Applicant: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: Home: (\_\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Other contact information, if any: \_\_\_\_\_

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

How long have you lived at the above address? \_\_\_\_\_ Parcel #:74-20-\_\_\_\_\_

Marital Status:  Married  Divorced  Widowed  Separated  Single Number of Years: \_\_\_\_\_

**PETITIONER EMPLOYMENT STATUS:**

Employed:  Full-time  Part-time Employer: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Occupation: \_\_\_\_\_

Retired: Date retired: \_\_\_\_\_ Employer: \_\_\_\_\_

Laid-off: Date last worked: \_\_\_\_\_ Employer: \_\_\_\_\_

Possible return date: \_\_\_\_\_

Not Working: How long? \_\_\_\_\_ Reason: \_\_\_\_\_

Disabled: Number of years? \_\_\_\_\_

Describe any/all disabilities or health problems: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**PROPERTY FOR EXEMPTION:**

Are you and/or your spouse/co-owner the sole owners of the property?  Yes  **If No, complete below**

List all owners and their percentage of ownership: \_\_\_\_\_

When did you and/or your spouse/co-owner purchase this property? \_\_\_\_\_

Is the home paid in full?  Yes  **If No, complete below**

Number of years remaining on the mortgage or land contract: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Are taxes included in this payment?  Yes  No Monthly payment: \$ \_\_\_\_\_

Do you owe any delinquent mortgage payments?  Yes  No Amount: \$ \_\_\_\_\_

Do you owe any delinquent taxes?  No  **If Yes, complete below**

List all years delinquent: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

Have any improvements, changes, or additions been made to the property in the last two (2) years?  No  **If Yes, complete below**

Describe: \_\_\_\_\_

Are there any changes, repairs, and/or improvements that need to be made to the property?  No  **If Yes, complete below**

Describe: \_\_\_\_\_

**OTHER REAL ESTATE HOLDINGS:**

Do you, your spouse/co-owner, or any other person residing in the household have a financial interest in other real estate?  No  **If yes, complete below**

Location- City & State	Tax I.D # of property	Value of Property	Amount of Equity
		\$	\$
		\$	\$
		\$	\$

**ASSET INFORMATION:**

What are your current assets in addition to the real estate noted previously?

Cash: \$ \_\_\_\_\_ CD's, Money Markets: \$ \_\_\_\_\_

Checking accounts: \$ \_\_\_\_\_ Stocks, Bonds, Treasury Bills: \$ \_\_\_\_\_

Savings accounts: \$ \_\_\_\_\_ Investments, IRA, Retirement: \$ \_\_\_\_\_

Other, Describe: \_\_\_\_\_ \$ \_\_\_\_\_

**ASSET INFORMATION, continued:**

List **ALL** vehicles in household (whether paid-in-full, or not) including cars, trucks and recreational vehicles, boats, motorcycles, motor homes, travel trailers, jet skis, snow mobiles, ATV's, golf carts, etc. Attach additional pages if necessary.

	1	2	3	4	5
Make:					
Model:					
Year:					
Value:	\$	\$	\$	\$	\$
Balance:	\$	\$	\$	\$	\$

**INCOME INFORMATION:**

Please list all sources of your personal income. Please indicate the amount from each source on a **MONTHLY** basis:

Employment wages/salaries/tips/etc.: \$ \_\_\_\_\_ Disability/Veterans disability/workers compensation:\$ \_\_\_\_\_

Unemployment compensation: \$ \_\_\_\_\_ Child support/alimony/other taxable income:\$ \_\_\_\_\_

Social Security/SSI: \$ \_\_\_\_\_ ADC/WIC/food stamps/bridge card/etc.:\$ \_\_\_\_\_

All other public assistance, Describe: \_\_\_\_\_ \$ \_\_\_\_\_

Tax refunds (Federal, State, and Michigan Income Tax Credits): \$ \_\_\_\_\_

All interest and dividend income (including non-taxable interest): \$ \_\_\_\_\_

Net rent, business/royalty, or net farm income: \$ \_\_\_\_\_

Retirement pension and annuity benefits, From: \_\_\_\_\_ \$ \_\_\_\_\_

Other income, Describe: \_\_\_\_\_ \$ \_\_\_\_\_

Do you anticipate any major changes in income for the coming year?  No  **If Yes, complete below**

If yes, please explain: \_\_\_\_\_

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**EXPENSE INFORMATION:**

Average **MONTHLY**

Average **ANNUALLY**

House payment (principle & interest):	\$ _____	\$ _____
Property taxes for primary residence:	\$ _____	\$ _____
Property taxes on other property:	\$ _____	\$ _____
House insurance:	\$ _____	\$ _____
Car payment:	\$ _____	\$ _____
Auto insurance:	\$ _____	\$ _____
Gas/heat:	\$ _____	\$ _____
Electricity:	\$ _____	\$ _____
Water/sewer:	\$ _____	\$ _____
Cell phone:	\$ _____	\$ _____
Telephone, internet, cable:	\$ _____	\$ _____
Child care/daycare:	\$ _____	\$ _____
Child support:	\$ _____	\$ _____
Health insurance, life insurance:	\$ _____	\$ _____
Medical bills <b>not</b> covered by insurance:	\$ _____	\$ _____
Prescriptions <b>not</b> covered by insurance:	\$ _____	\$ _____
Other expenses, specify below:	\$ _____	\$ _____

i.e., lawn care, snow removal, license plates, etc.: \_\_\_\_\_

Have your expenses significantly changed in the last year?  No  **If Yes, complete below**

If yes, please explain: \_\_\_\_\_

Do you receive assistance or are household expenses paid for by another party?  No  **Yes. Complete below AND provide a letter of explanation from the party including exactly what is paid, when, and how much.**

If yes, please explain: \_\_\_\_\_

**DEBT INFORMATION:**

Please list any outstanding loans, credit cards, and/or personal debts. (Attach additional sheet if necessary)

TO WHOM/CREDITOR NAME	FOR WHAT	MONTHLY PAYMENT	BALANCE
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**VERIFICATION OF INCOME AND EXPENSES IS REQUIRED:**

- LAST THREE MONTHS PAY STUBS
- LAST THREE MONTHS BANK STATEMENTS
- COPIES OF RECEIPTS
- COPIES OF BILLS
- COPIES OF CANCELLED CHECKS
- ANY OTHER INFORMATION YOU CAN SUPPLY THAT WILL VERIFY THE INCOME AND EXPENSES PREVIOUSLY STATED.

Please add any other information that you feel is important to this application: \_\_\_\_\_

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**Notice:** Any willful misstatements or misrepresentations made on this application 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. 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 the time of application.

**PLEASE READ CAREFULLY:**

Please initial **EACH** statement:

- \_\_\_\_\_/\_\_\_\_\_/ I/We have read this application and fully understand the contents.
- \_\_\_\_\_/\_\_\_\_\_/ I/We declare that the statements made herein are complete, correct and true to the best of my knowledge.
- \_\_\_\_\_/\_\_\_\_\_/ I/We understand this application is for exemption for the current tax year only.
- \_\_\_\_\_/\_\_\_\_\_/ I/We have received a copy of and understand the Hardship Guidelines.
- \_\_\_\_\_/\_\_\_\_\_/ I/We hereby authorize the Fort Gratiot Charter Township to verify and or obtain information from any creditor, financial institution, government agency, insurance company or any other organization necessary for the purpose of this application of hardship for the current tax year
- \_\_\_\_\_/\_\_\_\_\_/ I/We understand that the Board of Review may request that I/We or our authorized agent to be physically present at the meeting in order to answer questions regarding this application.
- \_\_\_\_\_/\_\_\_\_\_/ I/We also understand that this application will be **denied or revoked** if the information contained in this application is found to be false or incomplete.



**If any Applicant, Spouse, Co-owner, or Occupant does not file Income Tax Returns, please complete the following:**

*If the Michigan Treasury Department indicates a filing status other than what is stated in this Application, exemption will be denied. Failure to complete this form will also result in denial of this application.*

I/ We do hereby release the State of Michigan to share with Fort Gratiot Township Assessor's Office information concerning my/our Michigan Tax Return filing status for the current year and one year prior, if available. Copies of income tax returns are required by State Law for the processing of Applications for Poverty Property Tax Exemption. Lack of tax return information may negatively influence the Board of Review with the respect to this application.

I/We understand that failure to file an Income Tax return may result in lack of assistance from the State of Michigan including possible help with home heating, property taxes, and prescription drugs.

SIGNATURE	PRINTED NAME	REASON FOR NOT FILING	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*NOTE\* Even with the qualification of this exemption you as the homeowner/Poverty Exemption holder will still be responsible for the portion of the winter taxes that include any or all special assessments such as but not necessarily all inclusive; trash pick-up, admin fees, drain assessments or any other special assessment that your property may incur.**



## Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

**INSTRUCTIONS:** When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u (2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

I, \_\_\_\_\_, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence:

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Signature of Person Making Affidavit

\_\_\_\_\_

Date

**\*NOTE\* Even with the qualification of this exemption you as the homeowner/Poverty Exemption holder will still be responsible for the portion of the winter taxes that include any or all special assessments such as but not necessarily all inclusive; trash pick-up, admin fees, drain assessments or any other special assessment that your property may incur.**