POVERTY EXEMPTION APPLICATION

Name	
Property Address	
Property Code	
Telephone Number	
Marital Status: MarriedSingleSeparated Divorced	
Widowed	
Age of Applicant:Social Security Number	
Gross Income from Property, if any: \$	
Name of Employer, if employed:	
All Applicants Must Submit Last Year's Copies of the Following:	
Federal Income Tax Return (if applicable)	
State Income Tax Return (if applicable)	
Homestead Property Tax Form MI-1040 CR (if filed)	
List below all persons living with you	
Name Age Relationship Working? Earnings/per year	
Attach additional page if necessary	

<u>List all income from:</u> Salaries, social security, rents, pension, unemployment compensation, disability, government pensions, dividends, interest, workmen's compensation, union, claims and lawsuits, alimony, child support, or any other source.					
SOURCE OF INCOM	<u>ИЕ</u>	AMOUNT MO	<u>NTHLY</u>		
Bank accounts and Sa	vings: List all ba	ank accounts ov	vned by you	or your spouse, also	
savings certificates, posta Unions.	l savings and cash	n in deposit box	es, on hand,	or on deposit in Credit	
NAME OF FINANCI	AL INSTITUTION	NAME ON ACC	COUNT	AMOUNT	
List all Stocks, Bonds,	Mortgages, La	nd Contracts	owned by	you or your spouse:	
CURRENT VALUE		DIVIDENDS AN	ND INTEREST	RECEIVED	
Asset Listings: List all other assets owned (or controlled) by you and their value. For example: boats, coin collections, art objects, antiques, silver, gold, etc					
TYPE OF ASSET	VALUI	<u>OWNE</u>	<u>.rv</u>		
Motor Vehicles:					
<u>MAKE</u>	<u>YEAR</u>	<u>PAYMENT</u>	BAL	ANCE	

<u>Personal Debts:</u> Who do you owe?				
TO WHOM	FOR WHAT	MONTHLY PAYMENT	BALANCE	
Other monthly oblig	gations and debts:	List all utilities, phone, cable T\	, medical bills, etc.	
TO WHOM	<u>AMOUNT</u>			
Additional informat so here:	ion: If there is any fur	ther information that you wou	ld like to add, do	
Any willful misstatemer which, under the law, is	· ·	ns made on this form may cons	stitute perjury,	

Note: <u>DO NOT SIGN</u> until witnessed by the Assessor.

All applicants must fill out the applic	cation form in its entirety and return it to the Assessor's				
office. The application must not be signed until it is returned. Signing of the application must be witnessed by a member of the assessing office staff.					
l,	, being the owner and resident of				
	appeal for tax relief, under MCL 211.7u, of the Michigan				
General Property Tax Act.	, , , , , , , , , , , , , , , , , , ,				
Constant report, rannies					
	Signature of Owner				
	-				
Witness					
FOR	BOARD OF REVIEW USE ONLY				
Disposition by the Board of Review					
Disposition by the Board of Neview					
Assessment change					
December 19 Construction					
Board of Review Signatures					