ORION TOWNSHIP POVERTY INCOME STANDARDS

The following are the poverty income standards, which Orion Township Board of Review will utilize to establish eligibility for tax exemption due to poverty, for 2021. These income levels are the 2020 extremely low-income guidelines as established by the U.S. Department of Housing and Urban Development. These income guidelines were adopted by the Orion Township Board of Trustees.

<table>
<thead>
<tr>
<th>Residing in Homestead</th>
<th>Income Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
<td>$16,500</td>
</tr>
<tr>
<td>2 Persons</td>
<td>$18,850</td>
</tr>
<tr>
<td>3 Persons</td>
<td>$21,720</td>
</tr>
<tr>
<td>4 Persons</td>
<td>$26,200</td>
</tr>
<tr>
<td>5 Persons</td>
<td>$30,680</td>
</tr>
<tr>
<td>6 Persons</td>
<td>$35,160</td>
</tr>
<tr>
<td>7 Persons</td>
<td>$39,640</td>
</tr>
<tr>
<td>8 Persons</td>
<td>$44,120</td>
</tr>
<tr>
<td>For each additional person add</td>
<td>$4,320</td>
</tr>
</tbody>
</table>

WHEREAS, Public Act 390 of 1994, which amended Section 7u of Act No. 206 of the Public Acts of 1893, as amended by Act No. 313 of the Public Acts of 1993, being sections 211.7u of the Michigan Compiled laws, requires that the governing body of the local assessing unit determine and make available to the public the policy and guidelines used by the Board of Review in granting reductions in property assessment due to limited income and assets, referred to as Poverty Exemptions.

In order to be eligible for poverty exemption in the Charter Township of Orion, a person shall do all of the following on an annual basis:

1. Be an owner of and occupy as a principal residence the property for which an exemption is requested.
2. File a claim with the Board of Review on a form provided by the Township.
3. Submit the most recent years’ copies of the following:
   b. Either Senior Citizen Homestead Property Tax Form MI-1040CR-1 or General Homestead Property Tax Claim MI-1040CR-4
   c. Statement from the Social Security Administration and/or Michigan Social Services as to monies paid to the applicant(s) during the previous year.
4. Produce a valid driver’s license or other form of identification.
5. Produce a deed, land contract, or other evidence of ownership of the property for which the exemption is requested.

The Board of Review will apply the following to determine the eligibility of the applicant for poverty exemption:

**INCOME TEST**
The applicant’s total household income cannot exceed the most current Extremely Low-Income Guidelines as set forth by the U.S. Department of Housing and Urban Development and to be updated annually.

A poverty exemption shall not be granted to an applicant with cash on deposit in excess of the proposed tax obligation for the ensuing year, unless the applicant can show evidence that the cash is subject to a legitimate cost of living expense.

Meeting the income level guidelines does not guarantee 100% exemption; at their discretion, the Board may approve full or partial exemption, if deemed appropriate. Those applicants granted partial exemptions will be required to pay a property tax equal to 3.5% of their annual gross income.

**ASSET TEST**
A poverty exemption shall not be granted to an applicant whose assets exceed 3x the assigned HUD income guidelines. An applicant’s homestead and principal vehicle shall be excluded from consideration as an asset. All other property, including from all other persons residing in the household, shall be included as an asset.

A poverty exemption shall not be granted to an applicant who owns real property, whether singly or jointly, regardless of location, other than their homestead.

In reviewing the application and all supporting documentation, the Board of Review will consider income, assets, potential earning capacity, medical conditions, and any other unique circumstances of the applicant. The Board may deviate from the established policy and guidelines only for substantial and compelling reasons. Said reasons must be stated in writing and provided to the applicant.
Name: ____________________________________________________________________________

Phone Number (Home): ____________________ (Work): ________________

Address and Parcel Number of Property to be Exempted:

Address: ____________________________________________

Parcel#: ____________________________________________

Legal Ownership/Title Held By: (All persons, firms, corporations, etc. who hold an interest in above.)

POVERTY EXEMPTION APPLICATION
Confidential Information

Marital Status: Married ______ Single______ Divorced______ Separated ______ Widowed_______

Are you Disabled: _______ NO

________ YES (Please describe disability ____________________________________________

Date of Birth: __________________________ Social Security #: _____- ___- _____

Real Estate Information:

Is the above property paid in full? ____________________________

If NO, balance owed:______________________________________________

To Whom: ______________________________________________________

Monthly Payment (Principal and Interest Only): __________________________

How long have you lived at this address: __________________________

Do you own, are buying, or have interest in other property? If yes, please provide the following:

Address of Property: ________________________________________________

Date Purchased/Acquired:______________ Purchase Price:_____________________

Estimated Current Value:________________________

Co-Owner and Address: __________________________
Please attach additional pages that contain information for property in which you hold interest.

Is any portion of the referenced property used for business purposes? _____ NO _____ YES

If YES, please provide the following:

- **Business Name:** ______________________________________________________
- **Business Owner(s):** __________________________________________________
- **Nature of Business:** __________________________________________________
- **Income from Business:** ______________________________________________

**ASSET LISTING**

Please list all assets owned or controlled by you and their value:

- **Cash:** (Checking Accounts) __________________________________________
- **Savings Account(s):** ________________________________________________
- **Certificates of Deposit:** _____________________________________________
- **Money Market Accounts:** ____________________________________________
- **Stocks:** ___________________________________________________________
- **Bonds:** ___________________________________________________________
- **Treasury Bills:** _____________________________________________________
- **Insurance:** ________________________________________________________
- **I R A:** ____________________________________________________________
- **Keogh Annuities:** __________________________________________________
- **Deferred Compensation:** _____________________________________________
- **Vested Retirement Plans:** ____________________________________________
- **Gems:** ___________________________________________________________
- **Jewelry:** __________________________________________________________
- **Coins:** ___________________________________________________________
- **Antiques:** _________________________________________________________
- **Automobiles:** _______________________________________________________ 
- **Trucks:** __________________________________________________________
- **Trailers:** _________________________________________________________
- **Boats:** __________________________________________________________
- **Recreational Vehicles:** _____________________________________________
- **Other:** __________________________________________________________

**TOTAL VALUE:** $________

Comments/Details:
AVERAGE MONTHLY EXPENSES
(PREVIOUS YEAR)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/House Payment (P &amp; I Only)</td>
<td>__________________________</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>__________________________</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>__________________________</td>
</tr>
<tr>
<td>Home Insurance</td>
<td>__________________________</td>
</tr>
<tr>
<td>Auto Insurance</td>
<td>__________________________</td>
</tr>
<tr>
<td>Taxes (Homestead)</td>
<td>__________________________</td>
</tr>
<tr>
<td>Taxes (Other Property)</td>
<td>__________________________</td>
</tr>
<tr>
<td>Special Assessments</td>
<td>__________________________</td>
</tr>
<tr>
<td>Utilities:</td>
<td></td>
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<tr>
<td>Gas and Oil</td>
<td>__________________________</td>
</tr>
<tr>
<td>Electricity</td>
<td>__________________________</td>
</tr>
<tr>
<td>Telephone</td>
<td>__________________________</td>
</tr>
<tr>
<td>Water &amp; Sewer</td>
<td>__________________________</td>
</tr>
<tr>
<td>Child Care</td>
<td>__________________________</td>
</tr>
<tr>
<td>Food/Groceries</td>
<td>__________________________</td>
</tr>
<tr>
<td>Clothing</td>
<td>__________________________</td>
</tr>
<tr>
<td>Other Loans</td>
<td>__________________________</td>
</tr>
<tr>
<td>Non-Reimbursed Medical</td>
<td>__________________________</td>
</tr>
<tr>
<td>Lawn Care/Snow Removal</td>
<td>__________________________</td>
</tr>
<tr>
<td>Cable</td>
<td>__________________________</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

TOTAL EXPENSES: $______________________________

(Verification of expenses may be required)
Below, please list all persons who "domiciled" in the homestead during the last calendar year and the amount of time in the referenced homestead. Complete the following information for each individual who considered this his/her domicile. (Attach additional sheets as necessary.) The word "domicile" is used in this application as follows:

"That place to which an individual considers to be his or her residence. It is the place in which you plan to return whenever you go away."

Residents:

Name: ___________________________  Name: ___________________________

Age: __________ Relationship: __________  Age: __________ Relationship: __________

Occupation: ___________________________  Occupation: ___________________________

Annual Income: ___________________________  Annual Income: ___________________________

Period of Time in Domicile: _________________  Period of Time in Domicile: _________________

Dependents Claimed by Applicant:

Name: ___________________________  Name: ___________________________

Age: __________ Relationship: __________  Age: __________ Relationship: __________

Occupation: ___________________________  Occupation: ___________________________

Annual Income: ___________________________  Annual Income: ___________________________

Persons Registered to Vote who have used the property as domicile:

Name(s): ________________________________

Contributors of Support:

Person/Organization: _______________________

Amount: (Indicate weekly, monthly, annually)

Person/Organization: _______________________

Amount: (Indicate weekly, monthly, annually)
Please list all sources of public assistance you received during the last calendar year.

Source: ___________________________ Source: ___________________________
Amount: ___________________________ Amount: ___________________________

INCOME SOURCES

Amount received from each source of annual personal income for the past year!

- Wages, salaries, tips
- Strike and sub-pay
- Interest and dividend income
- Gross rent from business
- Royalty income
- Retirement Pension
- Annuity benefits
- Farm income
- Capital gains
- Alimony
- Social Security, SSI, Railroad
- Child support
- Unemployment compensation
- TRA benefits
- Workers compensation
- Veterans disability compensation
- Aid to Dependent Children (ADC)
- All public assistance payments
- All other taxable income
- All other non-taxable income
- Barter income
- Other

TOTAL INCOME $ __________________

Please list total personal income from all sources of everyone domiciled in your household for the 2020 calendar year:

LOANS/DEBTS (Attach additional pages if necessary.)

Indebted to: ___________________________ Date of Debt: ___________________________

Initial Debt: ___________________________ Monthly Payment: ___________________________ Debt Balance: ___________________________

Revolving Credit: ____________
Certification by Applicant(s) for Poverty Application

I/We am/are unable to pay the full property taxes on the aforementioned property and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I/We declare the statements made herein are complete, true and correct to the best of my/our knowledge. I/We further understand if any information contained herein is found to be false or incomplete, 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 in accordance with Section 211.119 of the Michigan Compiled Laws. I/We further understand that any willful misstatements or misrepresentations made on this form may constitute perjury which, under law, is a felony and punishable by fine and/or imprisonment.

Signature of Applicant______________________________

Signature of Co-Applicant____________________________

Date:______________________________________________