

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 2020. These income levels are the 2019 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.

<u>Residing in Homestead</u>	<u>Income Threshold</u>
1 Person	\$16,050
2 Persons	\$18,350
3 Persons	\$21,330
4 Persons	\$25,750
5 Persons	\$30,170
6 Persons	\$34,590
7 Persons	\$39,010
8 Persons	\$43,430
For each additional person add	\$4,320

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:
 - a. Federal and State of Michigan Income Tax Returns
 - 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 investments will produce an income, which when added to the applicant's household income exceeds the federal poverty guidelines.

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.

POVERTY EXEMPTION APPLICATION

Confidential Information

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.)

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)

Rent/House Payment (P & I Only) _____

Life Insurance _____

Health Insurance _____

Home Insurance _____

Auto Insurance _____

Taxes (Homestead) _____

Taxes (Other Property) _____

Special Assessments _____

Utilities:

Gas and Oil _____

Electricity _____

Telephone _____

Water & Sewer _____

Child Care _____

Food/Groceries _____

Clothing _____

Other Loans _____

Non-Reimbursed Medical _____

Lawn Care/Snow Removal _____

Cable _____

Other (Specify) _____

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 2019 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: _____