### **CHECK LIST**

## **2023 POVERTY EXEMPTION ATTACHMENTS**

## THE COMPLETED CHECK LIST MUST BE RETURNED WITH THE POVERTY EXEMPTION APPLICATION

Note: Provide copies of the following as proof for **all occupants living in the home** even if not contributing to household income or expenses.

| <br>A signed Poverty Exemption Application Form 5737 & 5739. It must be fully complete and timely filed.   |
|--|
| <br>Copies of 2022 Federal Income Tax Return and Michigan Income Tax Return<br><b>Or</b> Form 4988 Poverty Exemption Affidavit                         |
| <br>Copy of 2022 Michigan Homestead Property Tax Credit Claim (MI-1040CR)  |
| <br>Income verification of all household members, you will need copies of 2022 W-2 Forms, Social Security Statements (SSA-1099), Disability Statement. |
| <br>Copies of statements from additional income sources including unemployment, alimony, child support, ADC, Food Stamps, scholarships, grants, etc.   |
| <br>You may be requested by the Board of Review for copies of statements for various accounts or other assets.   |
| You may be asked for a copy of valid State of Michigan Driver License  |
| <br>Copy of 2022 mortgage/equity loan payment verification showing the current loan balance and principal and interest payment amounts.                |
| <br>If requesting a multi-year exemption, please file form 5739 the second year.   |

| PETITION NUMBER: |  |
|------------------|--|
| PARCEL NUMBER:   |  |

## Webster Township Guideline and Application for Property Tax Poverty Exemption

Pursuant to Section 211.7u Michigan Compiled Laws

To be considered for a poverty exemption, the following information must be submitted prior to deadlines established for the March or July or December Board of Review meetings:

- 1. Own and occupy the property as a principal residence.
- 2. Provide federal and state income tax returns for the current or immediately preceding year, including any property tax credits, for all persons residing in the principal residence (disclosure of the income of an owner who is not residing in the principal residence is not required). Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return. Instead, Form 4988, Poverty Exemption Affidavit may be filed for all persons residing in the residence who were not required to file federal or state income tax returns in the current or immediately preceding year.
- 3. Produce a valid driver license or other form of identification, if requested.
- 4. Produce a deed, land contract, or other evidence of ownership of the property, if requested.
- 5. Meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services or alternative guidelines adopted by the local assessing unit. The alternative guidelines cannot provide income eligibility requirements less than the federal guidelines.
- 6. Meet the asset level test adopted by the local assessing unit.

If an application does not include copies of the above documents, it may be considered incomplete, and therefore ineligible for a Poverty Exemption.

Appeals for Property Tax Poverty Exemptions may be submitted to the Township Supervisor or Board of Review in person or by mail.

In person appeals before the Board of Review may be scheduled by calling 734-426-5103.

Mailed appeals should be sent to 5665 Webster Church Rd, Dexter, MI 48130.

Poverty Exemption as defined by the Michigan Compiled Laws is as follows:

<u>Section 211.7u</u>: The principal residence of persons who, in the judgment of the supervisor and board of review, by reason of poverty, are unable to contribute toward the public charges is exempt from taxation in whole or part from taxation under this act.

Please be aware that as an applicant for Poverty Exemption, you must also comply with the following sections of the Michigan Compiled Laws:

<u>Section 211.116</u> Perjury: Any person who, under any of the proceedings required or permitted by this act shall willfully swear falsely, will be guilty of perjury and subject to its penalties.

#### **CONFIDENTIAL – RESTRICTED ACCESS**

## WEBSTER TOWNSHIP GUIDELINES FOR PROPERTY TAX POVERTY EXEMPTION REVIEW

#### I. General Overview

The Board of Review of Webster Township recognizes the need to have available a procedure by which residents in need of assistance under MCL 211.7u can make an application for property tax relief. The Board further recognizes that, pursuant to statute, as well as case law, they must adopt procedures and guidelines, approved by the Township Board, to be used as standards when considering appeals made based on financial hardship. The Board of Review understands that these guidelines must be adhered to when reviewing hardship appeals and reserves the right to make individual considerations within their authority, as they feel necessary. Any form submitted that is inaccurate or not fully completed will result in a denial of the appeal. All information in the form is subject to verification from the Board of Review, Supervisor or Assessors Office.

#### II. Basic Filing Requirements

In order to be considered for exemption under MCL 211.7u each applicant must:

- **A.** Own and occupy the property for which an exemption is requested as a principal residence, as defined by law. This may include vacant, contiguous property as long as the property is considered part of the principal residence.
- **B.** Complete and submit to the Township Supervisor or Board of Review an <u>Application</u> for <u>Property Tax Poverty Exemption</u> per the following schedule:
  - March Board of Review: After January 1<sup>st</sup> but before the day prior to the last day of the Board of Review
  - July Board of Review: After January 1st but before the third Monday in July
  - December Board of Review: After January 1<sup>st</sup> but before the second Monday in December.
- C. Provide federal and state income tax returns for all persons residing in the principal residence including any property tax credit returns. These income tax returns shall include those filed in the current year or in the immediately preceding year. A <u>Poverty Exemption Affidavit</u> (included with the application) may be filed for all persons residing in the residence who were not required to file federal or state income tax returns in the current year or in the immediately preceding year.

#### III. Processing Applications

Once an <u>Application for Property Tax Poverty Exemption</u> is submitted to the Supervisor, it will be reviewed for completeness. If an application is found to be incomplete, the applicant will be notified.

Completed applications may be presented for appeal to the Board of Review in person by the applicant during scheduled appeal hearings in March, July or December. Completed applications submitted by mail will also be considered by the Board of Review during scheduled appeal hearings.

The Board of Review, in making their decision, may contact the applicant for any additional information they deem necessary. The Board of Review shall also reject any application where the information contained in it appears fraudulent, misleading or incomplete.

#### IV. Income Guidelines

The income guidelines used by the Board of Review have been established in accordance with MCL 211.7u and shall be adhered to unless accompanied by special circumstances. In determining qualifications for tax exemption, the Board of Review shall consider every variable on the application, including total household income, the nature and duration of the income stream, the state equalized value of the subject property, the quality and accuracy of the information submitted and any other such evidence as they feel appropriate in making their decision. In general however these guidelines shall assist the Board of Review in their decisions.

| Size of Family or<br>Household | 2023 Federal<br>Guidelines | Factor | 2023 Webster Township<br>Guidelines |
|--------------------------------|----------------------------|--------|-------------------------------------|
| 1                              | \$13,590                   | 2.0    | \$27,180                            |
| 2                              | \$18,310                   | 2.0    | \$36,620                            |
| 3                              | \$23,030                   | 2.0    | \$46,060                            |
| 4                              | \$27,750                   | 2.0    | \$55,500                            |
| 5                              | \$32,470                   | 2.0    | \$64,940                            |
| 6                              | \$37,190                   | 2.0    | \$74,380                            |
| Additional Person              | \$4,720                    |        |                                     |

Applications may be reviewed by the Board of Review without the applicant being present. However, the Board may request that any or all applicants be physically present to respond, under oath, to any questions the Board, Supervisor or Assessor may have.

In granting hardship exemptions, the Board of Review realizes this to represent a shift of that portion of the tax burden to the other taxpayers of the community and state.

The exemption shall only apply to the applicant's principal residence and the applicant must own and reside in the principal residence property.

Any relief granted is a reduction over and above the \$1200 maximum Principal Residence Property Tax Credit granted by the State of Michigan.

#### V. Full or Partial Poverty Exemptions

PA 253 of 2020 made changes related to granting full or partial poverty exemptions.

MCL 211.7u(5) states that if a person claiming the poverty exemption meets all eligibility requirements, the Board of Review shall grant the poverty exemption, in whole or in part, as follows:

- 1. A full exemption equal to a 100% reduction in taxable value for the year in which the exemption is granted; or
- 2. A partial exemption equal to a 50% reduction in taxable value for the year in which the exemption is granted; or
- 3. A partial exemption equal to a 25% reduction in taxable value for the year in which the exemption is granted.

No other method of calculating taxable value may be utilized, except for those percentage reductions specifically authorized in statute, or any other percentage reduction approved by the State Tax Commission. Local assessing units wishing to use any other percentage reduction than what is stated in MCL 211.7u(5) must obtain permission for use of such percentage reduction(s) by filing Form 5738, Request for Approval of Percentage Reduction in Taxable Value for Poverty Exemptions Under MCL 211.7u with the State Tax Commission. The State Tax Commission has adopted a Policy Regarding Requests for Percentage Reductions in Taxable Value for Poverty Exemptions Under MCL 211.7u that details how these requests will be processed. The policy and Form 5738 are available on the State Tax Commission's website at <a href="https://www.michigan.gov/statetaxcommission">https://www.michigan.gov/statetaxcommission</a>

#### VI. Asset Guidelines

As required by MCL 211.7u, all guidelines for poverty exemptions as established by the governing body of the local assessing unit SHALL also include an asset level test. For the 2023 tax year, applicants must meet an asset level test established by the Webster Township Board per resolution, where: total assets may not exceed \$40,000

- **A.** Provide a list of all assets that may be considered as income.
  - A second home, land, vehicles
  - Recreational vehicles such as campers, motorhomes, boats and ATV's
  - Buildings other than the residence
  - Jewelry, antiques, artworks
  - Equipment, other personal property of value
  - Bank accounts (over a specified amount), stocks
  - Money received from the sale of property, such as, stocks, bonds, a house or car (unless a person is in the specific business of selling such property)
  - Withdrawals of bank deposits and borrowed money
  - Gifts, loans, lump-sum inheritances, and one-time insurance payments

- Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms
- Federal non-cash benefits programs such as Medicare, Medicaid, food stamps and school lunches

#### VII. Extraordinary Hardship Situations

The Board of Review shall follow the above policy and guidelines when making poverty exemption decisions. The same standards shall apply to each claimant "unless the Board of Review determines there are substantial and compelling reasons why there should be a deviation from the policy and guidelines and the substantial and compelling reasons are communicated in writing to the claimant." Medical and other extraordinary hardship situations may be used to qualify applicants who do not otherwise meet the above income and asset tests.

#### V. Summary

In conclusion, the Board of Review has been given exclusive jurisdiction over the granting of property tax relief due to financial hardship. The Board of Review for Webster Township takes this task seriously and attempts to provide relief to all deserving residents within the township. The Board of Review may deny any appeal, regardless of income, if the financial hardship appears to be self-created by the actions of the person or persons making the application. The Board of Review reserves the right to modify these guidelines as necessary.

### Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

To be considered complete, this application must: 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.

| PAR  | T 1: PERSONAL INFO                 | RMATION -      | – Petitioner must li | ist all required persona  | al information    |               |  |
|--|------------------------------------|----------------|----------------------|---|-------------------|---------------|--|
| Petitioner's Name  |                                    |                |                      | ann ann an Tuair ann an Tuaig Chuireann ann an Tuaig ann an Aireann an Aireann an Aireann an Aireann an Airean<br>Tuaig ann an Tuaig an Tuaig an Tuaig an Tuaig an Tuaig an | Daytime Phone N   | lumber        | and the second state of th |
| Ago of   | Petitioner                         | Marital Status | •                    | Age of Spouse   | Nivest            | on of Land    | Danas danta  |
| Age of   | rennonei                           | Marital Status | •                    | Age of Spouse   | Num               | ber of Legal  | Dependents   |
| Prope  | rty Address of Principal Residence |                |                      | City  | ·                 | State         | ZIP Code   |
|  | Check if applied for Ho            | mestead P      | roperty Tax Credit   | Amount of Homestead Prope   | rty Tax Credit    | 1             |  |
| PAR  | T 2: REAL ESTATE INF               | ORMATIO        | N .                  |   |                   |               |  |
|  | the real estate information        |                |                      |   | to provide a d    | eed, lan      | d contract or other  |
| Prope  | ty Parcel Code Number              |                |                      | Name of Mortgage Company  |                   |               |  |
| Unpaid   | Balance Owed on Principal Resid    | dence          | Monthly Payment      |   | Length of Time a  | t this Reside | ence   |
| Proper   | ty Description                     |                |                      |   | <u></u>           |               |  |
|  |                                    |                |                      |   |                   |               |  |
|  |                                    |                |                      |   |                   |               |  |
|  |                                    |                |                      |   |                   |               |  |
|  |                                    |                |                      |   |                   |               |  |
|  |                                    |                |                      |   |                   |               |  |
|  |                                    |                |                      |   |                   |               |  |
|  |                                    |                |                      |   |                   |               |  |
| PAR  | T 3: ADDITIONAL PRO                | PERTY IN       | FORMATION            |   |                   |               |  |
| List   | information related to ar          | y other pro    | perty owned by yo    | u or any member resid   | ding in the ho    | usehold.      |  |
| Check if you own, or are buying, other property. If che information below. |                                    |                |                      | ecked, complete the   | Amount of Incom   | e Earned fro  | om other Property  |
|  | Property Address                   |                |                      | City  | L                 | State         | ZIP Code   |
|  |                                    | •              |                      |   |                   |               |  |
| 1  | Name of Owner(s)                   |                |                      | Assessed Value  | Date of Last Taxe | es Paid       | Amount of Taxes Paid   |
| Property Address   |                                    | City           | 1                    | State   | ZIP Code          |               |  |
| 2  | Name of Owner(s)                   |                |                      | Assessed Value  | Date of Last Tax  | es Paid       | Amount of Taxes Paid   |

| PART 4: EMPLOYMENT  | INFORMATI                 | ION — List your c                            | urrent employ            | ment inf                                    | formation.          |  |                         |
|---|---------------------------|--|--------------------------|---|---------------------|--|-------------------------|
| Name of Employer  |                           |  |                          |   |                     |  |                         |
| Address of Employer   |                           |  | City                     | City State ZIP Code                         |                     |  |                         |
| Contact Person  |                           |  | Employer Tele            | ephone Nun                                  | mber                | <u>                                     </u> |                         |
| PART 5: INCOME SOUR   | CES                       |  |                          | (44 (17 (17 (17 (17 (17 (17 (17 (17 (17 (17 |                     |  |                         |
| List all income sources, in accounts), unemployment judgments from lawsuits, income, for all persons re | compensat<br>alimony, chi | ion, disability, gove<br>ild support, friend | ernment pens             | ions, wo                                    | rker's compensat    | ion, divi                                    | dends, claims and       |
|   | Source                    | of Income                                    |                          |   | Monthi              | y or An<br>(indicate                         | nual Income<br>which)   |
|   |                           |  |                          |   |                     |  |                         |
|   |                           |  |                          |   |                     |  |                         |
|   |                           |  |                          |   |                     |  |                         |
| PART 6: CHECKING, SA  | VINGS AND                 | INVESTMENT IN                                | IFORMATION               |   |                     |  |                         |
| List any and all savings accounts, postal savings, persons residing at the pr                           | credit union              |  |                          |   |                     |  |                         |
| Name of Financial Ins<br>or Investments   |                           | Amount on Deposit                            | Current<br>Interest Rate | N   | Name on Accoun      |  | Value of<br>Investment  |
|   |                           |  |                          |   |                     |  |                         |
|   |                           |  |                          |   |                     |  |                         |
|   |                           |  |                          |   |                     |  |                         |
| PART 7: LIFE INSURANCE  | E — List all              | policies held by a                           | all household            | member                                      | S. a                |  |                         |
| Name of Insured   | Amount<br>Policy          |  | Policy Pa                |   | Name of Beneficiary |  | Relationship to Insured |
|   |                           |  |                          |   |                     |  |                         |
|   |                           |  |                          |   |                     |  |                         |
|   |                           |  |                          |   |                     |  |                         |
| PART 8: MOTOR VEHICL  | E INFORM                  | ATION  |                          |   |                     |  |                         |
| All motor vehicles (includ within the household mus   |                           | cles, motor home                             | es, camper tra           | ailers, et                                  | tc.) held or owne   | ed by ar                                     | ny person residing      |
| Make  |                           | Year   |                          | Monthly Payment                             |                     | В  | alance Owed             |
|   |                           |  |                          |   |                     |  |                         |
|   |                           |  |                          |   |                     |  |                         |

| First and Last                         | : Name              |                | Age          |                                 | elationship<br>Applicant | Pla      | ice of E                | Employment            | \$ Contribution to<br>Family Income |
|--|---------------------|----------------|--------------|---------------------------------|--------------------------|----------|-------------------------|-----------------------|-------------------------------------|
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
|  |                     |                |              |                                 |                          | -        |                         |                       |                                     |
|  |                     |                |              |                                 |                          | _        |                         |                       |                                     |
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
| PART 10: PERSONAL DE                   | EBT — List all<br>⊺ | personal c     | lebt for a   | all ho                          | usehold men              | nbers    |                         |                       | T                                   |
| Creditor                               | Purpose (           | of Debt        | Dat<br>of De |                                 | Original Ba              | alanc    | e Mont                  | hly Payment           | Balance Owed                        |
| <u> </u>                               |                     | <u></u>        |              |                                 | O i igina i De           |          | <u> </u>                | ing raymon.           | - Dalatio Ovica                     |
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
|  |                     |                |              |                                 |                          | <u> </u> |                         |                       |                                     |
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
|  |                     |                |              |                                 |                          |          |                         | <u> </u>              |                                     |
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
| PART 11: MONTHLY EXP                   | ENSE INFOR          | RMATION        |              |                                 |                          |          |                         |                       |                                     |
| The amount of monthly e necessary.     | expenses relat      | ted to the p   | orincipal    | resid                           |                          |          |                         | must be liste         | d. Indicate N/A as                  |
| Heating                                | Electric            | ectric         |              |                                 | <u> </u>                 |          |                         | Phone                 |                                     |
| Cable                                  | Food                | od             |              | Clothi                          | ing                      |          |                         | Health Insurance      |                                     |
| Garbage                                |                     | Daycare        |              |                                 |                          | T        | Car Exper               | nse (gas, repair, etc | ;.)                                 |
| Other (type and amount)                |                     | Other (type ar | nd amount)   |                                 |                          |          | Other (type and amount) |                       |                                     |
|  |                     |                |              |                                 |                          |          |                         |                       |                                     |
| Other (type and amount)  Other (type a |                     |                | nd amount)   | amount) Other (type and amount) |                          |          |                         |                       |                                     |

**NOTICE:** Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

| PART 11: POLICY AND GUIDELINES ACKNO  | WLEDGMENT |      |  |  |  |  |
|---|-----------|------|--|--|--|--|
| The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit. |           |      |  |  |  |  |
| The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.  |           |      |  |  |  |  |
| PART 12: CERTIFICATION  |           |      |  |  |  |  |
| I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.  |           |      |  |  |  |  |
| Printed Name  | Signature | Date |  |  |  |  |
|   |           |      |  |  |  |  |
|   |           |      |  |  |  |  |

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760

E-mail: taxtrib@michigan.gov

# Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

| PART 1: OWNER INFORMATION — Enter information  | on for the person o        | wning and occupyi                     | ng the resid   | lence.                    |
|--|----------------------------|---------------------------------------|----------------|---------------------------|
| Owner Name   |                            | Owner Telep                           | hone Number    |                           |
| Mailing Address  | City                       | · · · · · · · · · · · · · · · · · · · | State          | ZIP Code                  |
| PART 2: LEGAL DESIGNEE INFORMATION (Comp   | lete if applicable.)       |                                       |                |                           |
| Legal Designee Name  |                            | Daytime Tele                          | ephone Number  |                           |
| Mailing Address  | City                       |                                       | State          | ZIP Code                  |
| PART 3: HOMESTEAD PROPERTY INFORMATION   | — Enter information        | for property in whic                  | h the exemp    | tion is being claimed.    |
| City or Township (check the appropriate box and enter name)  |                            | County                                |                |                           |
| City Township Village  |                            |                                       |                |                           |
| Name of Local School District  |                            |                                       |                |                           |
| Parcel Identification Number   | Year(s) Exemption          | n Previously Granted by B             | oard of Review |                           |
| Homestead Property Address   | City                       |                                       | State          | ZIP Code                  |
| PART 4: AFFIRMATION OF OWNERSHIP, OCCUPA   | NCY, AND INCOM             | IE STATUS (Chec                       | k all boxes    | that apply.)              |
| <ul> <li>☐ I own the property in which the exemption is being claimed.</li> <li>☐ The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.</li> <li>☐ After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or I receive a fixed income solely from public assistance that is not subject to significant annual increases beyond the rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits.</li> </ul> |                            |                                       |                |                           |
| PART 5: CERTIFICATION  |                            | 1.0                                   |                |                           |
| I hereby certify to the best of my knowledge that the i<br>an exemption from property taxes by reason of pover   |                            |                                       |                |                           |
| Owner or Legal Designee Name (print) Signat  | ture of Owner or Legal Des | signee                                |                | Pate                      |
| Designee must attach a letter of authority.  |                            |                                       |                |                           |
| LOCAL GOVERNMENT USE   | ONLY (DO NOT W             | RITE BELOW THI                        | S LINE)        |                           |
| Approved Denied (Attach appeal instructions  | and provide to owner.      | Tax Year(s                            | ) exemption w  | ill be posted to tax roll |
| <b>CERTIFICATION</b> — I certify that, to the best of my accurate.   | knowledge, the inf         | ormation containe                     | d in this for  | m is complete and         |
| Assessor Signature   |                            | Date Certifie                         | ed by Assessor |                           |

## **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,                              |   |
|---------------------------------|---|
|                                 | ubject of this Application for Poverty Exemption and that<br>vear, I was not required to file a federal or state income |
| Address of Principal Residence: |   |
|                                 | :   |
| Signature of Person Makin       | Affidavit Date  |