

# Poverty Exemption Application

## Confidential Information

Complete and return all pages or the application will be considered incomplete and not considered

**Parcel Number :**

Property Address

Name of Property Owner(s)

Owner is 65 years of age or Older Yes \_\_\_\_\_ No \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_-

Including Owner(s) how many persons reside in the homestead? \_\_\_\_\_

Please complete the following income information pertaining to the total household income. Income listed must include total sources of annual income for all persons residing in the homestead.

Wages, salaries, tips, etc., before any deductions

\_\_\_\_\_

Net income, after business expense deductions, from Non-farm self employment.

\_\_\_\_\_

Net income, after farming expenses deductions, from farm self employment

\_\_\_\_\_

Social security, railroad retirement, unemployment, strike benefits, worker's compensation, veteran's payments public assistance

\_\_\_\_\_

Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household.

\_\_\_\_\_

Private pensions, government employee pensions, and regular insurance or annuity payments.

\_\_\_\_\_

College or university scholarships, grants, fellowships and assistantships.

\_\_\_\_\_

Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

\_\_\_\_\_

**TOTAL**

\_\_\_\_\_

**Poverty Exemption Application Parcel Number :**

Residents living within the home:

Date of Birth

_____	____-	____-
_____	____-	____-
_____	____-	____-

**NOTICE: Any willful misstatements or misrepresentations made on this form may constitute perjury, which under the law, is a felony punishable by fine or imprisonment.**

**NOTICE: A copy of your latest federal income tax return, state income tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1,2,3 or 4) must be attached as proof of income.**

**STATE OF MICHIGAN, COUNTY OF CHEBOYGAN**

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

Petitioner \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Assessor or Board of Review Member

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

**\*\*\*\*\*FOR BOARD OF REVIEW USE\*\*\*\*\***

Disposition by Board of Review

Date:

Denied: \_\_\_\_\_ Approved: \_\_\_\_\_

Assessment reduced to: \_\_\_\_\_

Taxable Reduced to: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Decisions may be appealed to the Michigan Tax Tribunal



## 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 principle residence of an owner 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 the federal and state income tax returns for all persons residing in the principle residence, including property tax credit returns, or by filing an affidavit residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

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

Address of principal residence: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Affidavit

\_\_\_\_\_  
Date