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.

PART 1: PERSONAL INFO	RMATION -	– Petitioner must I	ist all required person	al information	of Course	
Petitioner's Name	70			Daytime Phone (<u> </u>
Age of Petitioner	titioner Marital Status			Num	Dependents	
Property Address of Principal Residence	е		City		State	ZIP Code
Check if applied for Ho	omestead Pr	operty Tax Credit	Amount of Homestead Prope	erty Tax Credit	<u> </u>	<u> </u>
PART 2: REAL ESTATE IN	FORMATIO	N#Y			and the second	
List the real estate informat evidence of ownership of th	ion related to e property a	o your principal res t the Board of Rev	sidence. Be prepared			
Property Parcel Code Number	<i>3</i>		Name of Mortgage Company	/	2 2	
Unpaid Balance Owed on Principal Res	idence	Monthly Payment		Length of Time a	t this Reside	ence
Property Description				<u> </u>		 :
PART 3: ADDITIONAL PRO	PERTY INF	ORMATION				
List information related to a				33335	i total	
Check if you own, or a information below.	re buying, ot	her property. If che	ecked, complete the	Amount of Income	e Earned fro	om other Property
Property Address			City		State	ZIP Code
Name of Owner(s)			Assessed Value	Date of Last Taxe	s Paid	Amount of Taxes Paid
Property Address			City	<u> </u>	State	ZIP Code
2 Name of Owner(s)			Assessed Value	Date of Last Taxe	s Paid	Amount of Taxes Paid

Address of Employer							
			City			State	ZIP Code
Contact Person			Employer Te	lephone Number			
PART 5: INCOME SOU	Deco	s finebaccione — —					
List all income sources, accounts), unemployme udgments from lawsuit ncome, for all persons	s alimony ch	aild oursell Ed	laries, Social S vernment pens d or family con	Security, rents ions, worker tribution, rev	s, pensions 's compens erse morto	s, IRAs (ir sation, div gage, or a	ndividual retiren vidends, claims any other sourc
	Source	e of Income			Mont	hly or Ar (indicate	nnual Income which)
ART 6: CHECKING, SA ist any and all savings ccounts, postal savings	owned by a	ul bouash-ld			nited to: c	hecking	accounts
ersons rociding at the	, or oare diffoli					HOOKING (accounts. Savir
Name of Financial Ins	roperty.	Amount on Deposit	Current		, bonds, or on Accou	similar ir	vestments, for Value of
Name of Financial Ins or Investment	roperty.	Amount on Deposit	Current Interest Rate	Name	on Accou	int	Value of Investment
Name of Financial Ins	roperty.	Amount on Deposit	Current Interest Rate	Name	on Accou	nt	Value of Investment
Name of Financial Ins or Investment	E INFORMA	Amount on Deposit policies held by a of Monthly Payments	Current Interest Rate	embers.	on Accou	iciary	Value of Investment

First and Las	First and Last Name		Relationship Age to Applicant					\$ Contribution	
	9		<u> </u>		ro Applicatit	Pia	ce o	f Employment	Family Income
	- 2 2 -		-	+-	_		-		
				4-			<u> </u>		
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PART 10: PERSONAL DE	BT.—.List	all personal o	debt for	all ho	usehold memi	ers :	الا التي		
			Da	ate		20100	2,4,2.2	<u>。 </u>	
Creditor	Purpos	e of Debt	of E	<u>ebt</u>	Original Bal	ance	Mon	thly Payment	Balance Owed
					<u> </u>				3
				5/			_		
				 		_	-		
				- 21 - 31 - 31 - 31 - 31 - 31 - 31 - 31					
			<u> </u>						
						-	-		
						-	2004		
PÄRT 11: MONTUVEVAL	NECLUE			Charles Se					
PART 11: MONTHLY EXPE	NOE INFO	RIVIAITON							
The amount of monthly explacessary.	Jenses rep	ated to the p	rincipal	resid	ence for each	categ	ory	must be listed.	Indicate N/A as
leating	Electric			Water		- 10		Phone	<u> </u>
Cable	Food	_		Clothin	na				
Sarbage		1-			-			Health Insurance	
		Daycare				Carl	Expen	se (gas, repair, etc.)	
Other (type and amount)		Other (type and	(type and amount)			Other (type and amount)			
ther (type and amount)	her (type and amount) Oth		ype and amount)			Other (type and amount)			
	- N - N - 10 - 1		54			30	· (•ypc	and amount)	1

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 GUIDELINE	ACKNOWLEDGMENT	
The governing body of the local assessused for the granting of exemptions up the federal poverty guidelines published of Health and Human Services under adopted by the governing body of the eligibility requirements less than the	sing unit shall determine and make avaler MCL 211.7u. In order to be eligibled in the prior calendar year in the Federits authority to revise the poverty line placed assessing unit so long as the federal guidelines. The policy and guidelines and total be claiment and total by	vailable to the public the policy and guidelines le for the exemption, the applicant must meet eral Register by the United States Department under 42 USC 9902, or alternative guidelines alternative guidelines do not provide income idelines must include, but are not limited to, come and assets. The combined assets of all e local assessing unit.
The applicant has reviewed the specific income and asset levels	applicable policy and guidelines add of the claimant and total household in	opted by the city or township, including the
PART 12: CERTIFICATION		
total displaying to average and a second sec	edge that the information provided in taxes pursuant to Michigan Compile	this form is complete, accurate and I amed Law, Section 211.7u.
Printed Name	Signature	Date
ਜਾਂਤ application shall be filed after Ja Board of Review.	nuary 1, but before the day prior to	o 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