

Midland Township Poverty Exemption Application

BOARD OF REVIEW

TOWNSHIP BOARD POLICY FOR APPLICANTS REQUESTING CONSIDERATION UNDER SEC. 211.7U OF THE GENERAL PROPERTY TAX ACT OF 1893 THE MICHIGAN HOMESTEAD POVERTY EXEMPTION

APPLICATION PROCEDURE

1. All applicants must obtain the proper application from the Township offices. Handicapped or applicants needing special assistance may call the Township offices to make arrangements for assistance. Applications will be accepted after January 1, through the day prior to the last day of the Board of Review.
2. Applicants may not be eligible for consideration if income as reported on their income tax forms is greater than the income limitation guidelines attached. PA620 of 2002 provides that local governing bodies set income levels for their poverty exemption guidelines and that those income levels SHALL NOT BE SET LOWER by a city or township than the Federal poverty guidelines updated annually by the US Department of Health and Human Services.
3. All applicants must be the property owners and reside therein (homesteads).
 - A. Must produce a driver's license or other acceptable identification if requested.
 - B. Must produce a deed, land contract or other evidence of ownership if requested.
4. All applicants must complete the application in its entirety and return it to this office, except as noted in item 1 above.
5. All applicants must submit copies of following listed forms for the previous tax year for all persons residing in the homestead:
 - A. Federal Income Tax Return
 - B. Michigan Income Tax Returns
 - C. W-2 OR 1099 Forms
 - D. Senior Citizens Homestead Property Tax Form MI-1040CR-1 or General Homestead Property Tax Claim MI-1040CR-4
 - E. Statement from Social Security Administration and/or Michigan Social Services as to monies paid to applicant during the previous year
6. Applicants need not appear in front of the board, however the Board of Review reserves the right to request further information or clarification of any item presented on the application form or tax forms as submitted. Applicants may be asked to make a physical appearance to respond to questions at the Boards discretion.

APPLICATION FOR ONE YEAR POVERTY REDUCTION

COMPLETE ALL PAGES OF THIS FORM AND RETURN IT ALONG WITH COPIES OF LAST YEARS DOCUMENTS FOR ALL PERSONS RESIDING AT THE RESIDENCE, FEDERAL AND MICHIGAN INCOME TAX RETURNS, W-2 FORMS OR 1099, SENIOR CITIZENS HOMESTEAD PROPERTY TAX FORM MI-1040CR-1 OR GENERAL HOMESTEAD PROPERTY TAX CLAIM MI-1040CR-4, STATEMENT FROM SOCIAL SECURITY ADMINISTRATION AND/OR MICHIGAN SOCIAL SERVICES AS TO MONIES PAID TO ANY RESIDENT OF THE HOMESTEAD.

Name:	Are you 65 or older?
Address:	Telephone no.
Social Security number:	Are you disabled?
Nature of disability:	How long?
Retired:	How long?
Number of dependents:	Ages:

LIST ALL OCCUPANTS OF THIS RESIDENCE AND THEIR
RELATIONSHIP:

NAME	RELATIONSHIP

PROPERTY INFORMATION

Year property was purchased:	Do you own the property free and clear?
If not, monthly payment:	Are taxes included in the payment?
Are the property taxes current?	If not, amount past due:
Do you own other real estate?	If so, please list the following information:

Location	Value	Type

EMPLOYMENT STATUS:

	No:	Yes:	Full time:	Part time:	Hours:
Self					
Spouse					
Other					
Other					
Other					

Further Explanation:

ASSETS:

Savings account: \$		Certificates/CDS/Money Market: \$	
Stocks/Bonds: \$		Other: \$	
How many cars do you own?		List the following	
Year:	Make:	Model:	Balance owed:
Year:	Make:	Model:	Balance owed:
Year:	Make:	Model:	Balance owed:

OTHER ASSETS & APPROXIMATE VALUE: i.e. travel trailer, tractor, etc.

	\$
	\$
	\$
	\$

TOTAL ESTIMATED HOUSEHOLD INCOME DECLARATION

SOURCE	MONTHLY AMOUNT	ANNUAL AMOUNT
Wages/Salaries/Tips		
Workers Compensation		
Social Security/SSI		
Pension/Retirement		
IRA/Deferred/Keough		
Disability Payments		
General Assistance/ADC		
Other Income from Family		
Child Support		
Alimony		
Unemployment Benefits		
Interest and/or Dividends		
Rental Income		
Business or Royalty Income		
Income from Land Contracts, Etc		
TOTAL PROJECTED INCOME FOR CURRENT YEAR		

MONTHLY EXPENSES

House Payment:	Taxes:	Insurance:
Car Payment:		Car Insurance:
Medical Insurance Premiums:		Doctor/Hospital bills:
Notes payable to Banks:		Notes Payable to Insurance Co:
Average Monthly Utilities:		
Other obligations not listed:		

Describe any unique situation you may want the board to consider:

I (we) declare, under the penalties of perjury, that all of the information submitted in this application for poverty exemption is true.

NOTE: Do not sign until witnessed by the supervisor, assessor, board of review or notary public.

Applicant _____ Applicant _____
Witness/Notary _____ Date _____

**POVERTY EXEMPTION CLAIM
WAIVER OF CONFIDENTIALITY**

Property ID No: _____
Property address: _____

I (we), _____, hereby consent to the examination of copies of my tax returns and related financial documents, including but not limited to those listed below, as requested by the members of the Board of Review.

- *Federal Income Tax Return
- *Michigan Income Tax Returns
- *W-2 OR 1099 Forms
- *Senior Citizens Homestead Property Tax Form MI-1040CR-1r
- *General Homestead Property Tax Claim MI-1040CR-4
- *Statement from Social Security Administration and/or
- *Michigan Social Services

Furthermore, I (we) consent to the discussion of the information contained in my tax returns and related financial documents at a duly convened public meeting of the Board of Review. By signing this Waiver of Confidentiality, I (we) understand and acknowledge that I (we) am (are) forever giving up any and all possible claims I (we) may have relative to the disclosure of information contained in said tax returns and related financial documents, which claims may arise pursuant to Internal Revenue Code Section 6103, and/or any other federal, state, or local statute or regulation.

I (we) have read this document in its entirety and sign this document of my (our) own free will. Date: _____

Signature: _____ Signature: _____

For Use By the Board of Review
Petition Number:
Hearing Date:
Denied:
Approved:
Assessment Reduced To:
Chairperson:
Second Member:
Third Member:
Supervisor:

Decisions may be appealed to the Michigan Tax Tribunal.

Poverty Guidelines 2016

Size of Family Unit	Poverty Guidelines
1	\$ 11,770
2	\$ 15,930
3	\$ 20,090
4	\$ 24,250
5	\$ 28,410
6	\$ 32,570
7	\$ 36,730
8	\$ 40,890
For each additional person	\$ 4,160

2016 Midland Township Asset Test is \$7,500