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.

	, swear and affirm by my signature below that I ubject of this Application for Poverty Exemption and that
·	year, I was not required to file a federal or state income
Address of Principal Residence:	
Signature of Person Making	

POVERTY EXEMPTION APPLICATION

206 of 1893. The principal reboard of review, by reason or whole or in part from taxation In order to be considered coregarding all members residente application. Please write	, Petitioner, being ply for property tax relief under esidence of persons who, in the poverty are unable to contribute per MCL 211.7u(1). Somplete, this application must ling within the household, and legibly and attach additional on: Petitioner must list all requirements.	r MCL 21 e judgmen oute towar t: 1) be c d 3) inclu pages as	1.7u of the General tof the township and the public charge completed in its ende all required decessary.	Il Property Tax A supervisor or cit es is eligible for tirety, 2) includ	Act, Public Act y assessor and r exemption in e information
Property Address of Principal Res			Phone Number:		
Age of Petitioner:		Marital St	atus:	Age of Spouse:	
Number of Legal Dependents:		Age of De	pendents:		
Applied for Homestead Property	Tax Credit (yes or no):	Amount o	f Homestead Propert	y Tax Credit:	
provide a deed, land contract of Property Parcel Code Number:	FION: List the real estate inform other evidence of ownership of	of the prop Name of M	perty at the BÔR m Mortgage Company:	eeting.	
Unpaid Balance Owed on Principal Residence:		Monthly Payment: Length of Time at This Resider		his Residence:	
Property Description:			·		
ADDITIONAL PROPERTY member owns.	INFORMATION: List inform	nation rela	ted to any other pro	operty you, or any	y household
	property (yes or no)? If yes, comp	lete the	Amount of Income	Earned from Other	Property:
Property Address	Name of Owner(s)		Assessed Value		ate of Last Taxes Paid
			\$		
			\$		
				<u> </u>	

EMPLOYMENT INFORM	/AT	TION: List your	curr	ent emplo	yment	informa	ition.		
Name of Employer:	Name of Employer:			Name of Contact Person:					
Address of Employer:	Address of Employer:						Employer Phor	ne Number:	
List all income sources, in retirement accounts), unemportains and judgments from source of income.	oloy	ment compensat	ion,	disability	, gove	rnment j	pensions, work	er's compe	nsation, dividends,
S	ourc	e of Income					Monthly or Ann	ual Income (indicate which)
									_
CHECKING, SAVINGS A members, including but no certificates of deposit, cash, Name of Financial Institution	ot li stoc	mited to: checl	king	accounts	s, savii nts.				
or Investments		Amount on Deposit Interest Rate			Name on Account		Investment		
LIFE INSURANCE: List a	all p	olicies held by a	ll ho	ousehold n	nembei	rs.			
Name of Insured	Ā	mount of Policy		Monthly Payment		cy Paid Full	Name of Be	neficiary	Relationship to Insured
MOTOR VEHICLE INFO					•	_	orcycles, motor	homes, car	mper trailers, etc.)
Make		Year			I	Monthly	Payment	Ва	lance Owed

LIST ALL PERSONS LIVING IN HOUSEHOLD: All persons residing in the residence must be listed.

First & Last Name	Age	Relationship to Applicant	Place of Employment	Amount of Monetary Contribution to
				Family Income

PERSONAL DEBT: All personal debt for all household members must be listed.

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

MONTHLY EXPENSE INFORMATION: The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.

Heating:	Electric:	Water:
Phone:	Cable:	Food:
Clothing:	Heath Insurance:	Garbage:
Daycare:	Car Expense (gas, repair, etc):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):

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: Per MCL 211.7u(2b), a copy of all household members federal income tax returns, state income tax returns (MI-1040) and Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income. Documentation for all income sources including, but not limited to, credits, claims, Social Security income, child support, alimony income, and all other income sources must be provided at time of application.

Petitioners: Do not sign this application until witnessed by the Supervisor, Assessor, Board of Review or Notary Public. (Must be signed by either the Supervisor, Assessor, Board of Review Member or Notary Public)

STATE OF MICHIGAN COUNTY OF			
I, the undersigned Petitioner, her household member residing with			
	Petitioner Signature		Date
Subscribed and sworn this	day of	, 2011	
Assessor Signature:		Printed Name:	
BOR Member Signature:		Printed Name:	
Notary Signature:		Printed Name:	
My Commission Expires:			
This application shall be filed af of Review to the address below.	ter January 1, but before the da	ay prior to the last day of Ma	arch, July or December Board
	Board of Revie		
	c/o Supervisor		
	Name of Local	Unit	
	Street Address		
	City, State, ZII	,	

DECISIONS OF THE MARCH BOARD OF REVIEW MAY BE APPEALED IN WRITING TO THE MICHIGAN TAX TRIBUNAL BY JULY 31 OF THE CURRENT YEAR. JULY OR DECEMBER BOARD OF REVIEW DENIALS MAY BE APPEALED TO MICHIGAN TAX TRIBUNAL WITHIN 30 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE FILING.

Michigan Tax Tribunal PO Box 30232 Lansing, MI 48909 Phone: 517-373-3003

Fax: 517-373-1633

E-mail: <u>taxtrib@michigan.gov</u>

GUIDELINE RESOLUTION FOR POVERTY EXEMPTION

WHEREAS, the adoption of guidelines for poverty exemptions is required of the City Council (Township Board); and

WHEREAS, the principal residence of persons, who the Supervisor/Assessor and Board of Review determines by reason of poverty to be unable to contribute to the public charge, is eligible for exemption in whole or in part from taxation under Public Act 390 of 1994 (MCL 211.7u); and

WHEREAS, pursuant to PA 390 of 1994, the Township of Ncng"Vy r, "O knowngg County adopts the following guidelines for the Board of Review to implement. The guidelines shall include but not be limited to the specific income and asset levels of the claimant and all persons residing in the household, including any property tax credit returns, filed in the current or immediately preceding year;

To be eligible, a person shall do all 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 supervisor/assessor or Board of Review, accompanied by 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.
- 3) File a claim reporting that the combined assets of all persons do not exceed the current guidelines. Assets include but are not limited to, real estate other than the principal residence, personal property, motor vehicles, recreational vehicles and equipment, certificates of deposit, savings accounts, checking accounts, stocks, bonds, life insurance, retirement funds, etc.
- 4) Produce a valid driver's license or other form of identification if requested.
- 5) Produce, if requested, a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
- 6) Meet the federal poverty income guidelines as defined and determined annually by the United States Department of Health and Human Services or alternative guidelines adopted by the governing body providing the alternative guidelines do not provide eligibility requirements less than the federal guidelines.
- 7) The application for an exemption shall be filed after January 1, but one day prior to the last day of the Board of Review. The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the right of appeal to the Michigan Tax Tribunal.

The following are the federal poverty income guidelines which are updated annually by the United States Department of Health and Human Services. The annual allowable income includes income for all persons residing in the principal residence.



GRETCHEN WHITMER
GOVERNOR

RACHAEL EUBANKS STATE TREASURER

Bulletin 14 of 2019 October 14, 2019 Procedural Changes for 2020

TO: Assessing Officers and County Equalization Directors

FROM: State Tax Commission

SUBJECT: Procedural Changes for the 2020 Assessment Year

The purpose of this Bulletin to provide information on statutory changes, procedural changes and reminders for the 2020 assessment year.

A. Inflation Rate Used in the 2020 Capped Value Formula

The inflation rate, expressed as a multiplier, to be used in the 2020 Capped Value Formula is 1.019.

The 2020 Capped Value Formula is as follows:

2020 CAPPED VALUE = (2019 Taxable Value – LOSSES) X 1.019 + ADDITIONS

The formula above does not include 1.05 because the inflation rate multiplier of 1.019 is lower than 1.05.

B. Federal Poverty Guidelines Used in the Determination of Poverty Exemptions for 2020

MCL 211.7u, which deals with poverty exemptions, was significantly altered by PA 390 of 1994 and was further amended by PA 620 of 2002.

Local governing bodies are required to adopt guidelines that set income levels for their poverty exemption guidelines and those income levels **shall not be set lower** by a city or township than the federal poverty guidelines updated annually by the U.S. Department of Health and Human Services. This means, for example, that the income level for a household of 3 persons **shall not** be set lower than \$21,330 which is the amount shown on the following chart for a family of 3 persons. The income level for a family of 3 persons may be set higher than \$21,330. Following are the federal poverty guidelines for use in setting poverty exemption guidelines for 2020 assessments:

Size of Family Unit	Poverty Guidelines
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430
For each additional person	\$4,420

Note: PA 390 of 1994 states that the poverty exemption guidelines established by the governing body of the local assessing unit <u>shall</u> also include an asset level test. An asset test means the amount of cash, fixed assets or other property that could be used, or converted to cash for use in the payment of property taxes. The asset test should calculate a maximum amount permitted and all other assets above that amount should be considered as available. Please see STC Bulletin 6 of 2017 for more information on poverty exemptions.

Note: P.A. 135 of 2012 changed the requirements for filing documentation in support of a poverty exemption to allow an affidavit (Treasury Form 4988) to 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. This does include the owner of the property who is filing for the exemption.

C. Sales Studies

Equalization study dates are as follows for 2020 equalization:

Two Year Study: April 1, two years prior through March 31, current year Single Year Study: October 1, preceding year through September 30, current year

For 2019 studies for 2020 equalization the dates are as follows:

Two Year Study: April 1, 2017 through March 31, 2019

Single Year Study: October 1, 2018 through September 30, 2019

Note that the time period revisions apply to all equalization studies, that is: sales ratio studies, land value studies and economic condition factor studies for appraisals. Also note that the revised time period for two year studies applies to all real property classifications.

Please be advised that the above sale study dates <u>are not</u> the same as the valuation date used in appeals before the Michigan Tax Tribunal. Evidence presented in a Tax Tribunal appeal should reflect the value of the property as of tax day (December 31). This means that sales occurring *after* March 31, 2019 and September 30, 2019 should still be considered and included when submitting evidence in a Tax Tribunal appeal involving the 2020 tax year.

D. Property Classification

The State Tax Commission reminds assessors that classification is to be determined annually and is based upon the use of the property and not highest and best use of the property. The