POVERTY EXEMPTION APPLICATION

206 of 1893. The principal i	pply for property tax relief residence of persons who, of poverty are unable to	f under MCI, in the judg	L 211.7u of the ment of the to	Gener wnship	the property that is listed below ral Property Tax Act, Public Act supervisor or city assessor and reges is eligible for exemption in	
	iding within the househo	old, and 3) i	nclude all requ		ntirety, 2) include information documentation as listed within	
PERSONAL INFORMATI				ation		
Property Address of Principal R	esidence:	Daytime I	Phone Number:			
Age of Petitioner:		Marital St	atus:		Age of Spouse:	
Number of Legal Dependents:		Age of De	ependents:			
Applied for Homestead Property	Tax Credit (yes or no):	Amount o	of Homestead Pro	perty T	ax Credit:	
provide a deed, land contract	or other evidence of owne	ership of the p	property at the l	BÔR n	ipal residence. Be prepared to neeting.	
Property Parcel Code Number:		Name of	Mortgage Comp	any:		
Unpaid Balance Owed on Princi	pal Residence:	Monthly	Payment:	Len	Length of Time at This Residence:	
Property Description:						
ADDITIONAL PROPERTY member owns. Do you own, or are buying, other the information below.					roperty you, or any household	
Property Address	Name of Owner((s)	Assessed V	alue	Amount & Date of Last Taxes Paid	
			\$			
			\$			

EMPLOYMENT INFOR	RMAT				_		ation.			
Name of Employer:		N	ame o	of Contact P	erso	n:				
Address of Employer:	ddress of Employer:						Emp	Employer Phone Number:		
List all income sources, incretirement accounts), unen claims and judgments fron source of income.	nployn	nent compensa	ation,	disability,	gov	ernment p	ensions, wo	orker's comp	ensation, dividends,	
Sour	rce of I	ncome			<u> </u>	Mont	thly or Annua	al Income (ind	licate which)	
CHECKING, SAVINGS members, including but no certificates of deposit, cash	ot limit	ted to: checking	g acco	ounts, savi	ings					
Name of Financial Institut	ion	Amount or	n	Current			Value of			
or Investments		Deposit	!	Interest Rate		Name on Account		Investment		
			l							
		 		 						
			ļ							
LIFE INSURANCE: List	t all pc	olicies held by	all ho	usehold m	nemb	oers.				
Name of Inquired	Am		Monthly		Policy Paid in Full Name of Be		Dficiomy	Relationship to		
Name of Insured	Amo	ount of Policy	P	Payment	1	n Fuli	Name or	Beneficiary	Insured	
	┼─		 		+				+	
MOTOR VEHICLE INF held or owned by any pers							corcycles, m	otor homes,	camper trailers, etc.	
					*****		D		2.1 0 .1	
Make	-	Year	:			Monthly l	Payment	<u> </u>	Balance 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			
		information is complete and true and that ne money, income or property other than me	
	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:		<u> </u>	

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

Board of Review c/o Edenville Township Supervisor P.O. Box 24 Edenville, MI 48620

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 35 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>