

YEAR _____

PARCEL NO. _____

POVERTY EXEMPTION APPLICATION Confidential Information

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PETITIONER INFORMATION

Name _____ Date of Birth _____

Phone Number: Daytime: () _____ Evening: () _____

Cell Phone: () _____ Beeper: () _____

Property Address for Which Relief is Being Sought: Marital Status No. of Years

Married _____

Divorced _____

Widowed _____

Separated _____

Single _____

PETITIONER EMPLOYMENT STATUS:

SPOUSE EMPLOYMENT STATUS:

Disabled – No of years _____

Disabled – No of years _____

Do you qualify for disability benefits? Yes No

Do you qualify for disability benefits? Yes No

Employed Full-time

Employed Full-time

Employed Part-time

Employed Part-time

Retired – No of Years _____

Retired – No of Years _____

Unemployed – No of Years _____

Unemployed – No of Years _____

Laid-off – No of Years _____

Laid-off – No of Years _____

Other _____

Other _____

Occupation: _____
(If employed)

Occupation: _____
(If employed)

Employer: _____

Employer: _____

Address: _____

Address: _____

Telephone: () _____

Telephone: () _____

Describe any disability or health problems: Describe any disability or health problems:

MORTGAGE INFORMATION

- A. Purchase Date: _____ Amount Paid: _____
- B. Mortgage/Land Contract Balance: _____
- C. Monthly Payment: _____ Does this payment include taxes? Yes No
- D. Number of Years Remaining on the mortgage/land contract: _____
- E. Are your property taxes paid? Yes No
- F. Did you apply for a poverty exemption last year? Yes No
- G. Do you have an ownership interest in any other real estate in Michigan or anywhere else?
 Yes No
 If yes, please list:
 Location: _____ Tax I.D. No: _____
 Current State Equalized Value: _____ Estimated Current Value: _____
 Purchase Date: _____ Purchase Price: _____
 Attach additional sheet if necessary

- I. Are you and/or your spouse the sole owners of the subject property? Yes No
 If no, list all owners and their percentage of ownership:

- J. Have any improvements, changes or additions been made to the property in the last two (2) years?
 Yes No If yes, please explain:

- K. Do you anticipate selling the homestead property for which relief is sought in the next year?
 Yes No Explain:

- L. Does anyone contribute to your support? Yes-Amount \$ _____
 No, Explain:

- M. Is anyone able to contribute to your support? Yes No, Explain:

RESIDENT STATUS

Please list all people currently living in your household other than yourself and spouse:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed as Dependent	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No
Heir to Estate?	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No

ASSET INFORMATION

What are your current assets in addition to the real estate noted previously?

Cash \$ _____
 Savings Accounts/Certificates & Money Markets \$ _____
 Checking Accounts \$ _____
 Stocks/Bonds/Treasury Bills \$ _____
 Insurance \$ _____
 Other \$ _____
 Investments \$ _____
 IRA, Keogh, Annuities, Deferred Compensation \$ _____
 Personal property held as an investment \$ _____
 (i.e. gems, jewelry, coin collection, antiques cars etc) \$ _____

Vehicles, Cars, Trucks, Boats, Trailers, etc.

	#1	#2	#3
Make			
Model			
Year			
Value			
Balance Owed			

LOAN DEBT

Do you have other loans or land contracts outstanding? (attach additional sheet if necessary)

To Whom	
Address	
Monthly Payment	
Current Balance	

To Whom	
Address	
Monthly Payment	
Current Balance	

EXPENSE INFORMATION

Average **M-o-n-t-h-l-y** Expenses:

MONTHLY

- Rent/House Payment (Principal & Interest)\$ _____
- Life Insurance \$ _____
- Health Insurance \$ _____
- Home Insurance \$ _____
- Auto Insurance \$ _____
- Taxes (Principal Residence) \$ _____
- Taxes on other property \$ _____
- Car Payment \$ _____
- Special Assessment \$ _____
- Utilities:
 - Gas/Oil \$ _____
 - Electricity \$ _____
 - Telephone \$ _____
 - Water/Sewer \$ _____
- Child Care \$ _____
- Food/Clothing \$ _____
- Other Loans \$ _____
- Medical \$ _____
- Lawn care/snow removal \$ _____
- Cable/Dish \$ _____
- Other (Specify) Examples: Newspaper, Gasoline \$ _____
Disposal Service, Water Softener, Pet Food,
License Plates, Church, Christmas Giving

VERIFICATION OF EXPENSES MAY BE REQUIRED

Do you have any major or unusual expenses? Yes No

If yes, please explain:

(Attach additional sheet if necessary)

INCOME INFORMATION

Please list all sources of your personal income. Please indicate the amount from each source on an **A-n-n-u-a-l** basis.

ANNUALLY

Wages, salaries, tips, sick, strike and subpay, etc.	\$ _____
All interest and dividend income (including non-taxable interest)	\$ _____
Net rent, business or royalty income	\$ _____
Retirement pension and annuity benefits	\$ _____
Name of Payer _____	
Net farm income	\$ _____
Capital gains less capital losses	\$ _____
Alimony and other taxable income	\$ _____
Social Security, SSI or railroad retirement benefits	\$ _____
Child support, WIC	\$ _____
Unemployment compensation and TRA benefits	\$ _____
Workers' compensation, veterans' disability compensation	\$ _____
ADC and GA benefits	\$ _____
All other public assistance payments	\$ _____
Describe _____	
Other Non-taxable income	\$ _____
Describe _____	
TOTAL INCOME:	\$ _____

What was the total income from all sources of everyone living in your household for the past two (2) years?

Last Year _____ Prior Year _____

Do you anticipate any major changes in income for the coming year: Yes No

If yes, please explain: _____

PLEASE READ CAREFULLY:

I/We, am/are unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u Michigan Compiled Laws.

I/We have read this application and fully understand the contents thereof. I/We declare that the statements made herein are complete, true, and correct to the best of my/our knowledge. I/We further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability in accordance with Section 211.119 Michigan Compiled Laws.

Petitioner's

Signature: _____

Spouse's

Signature: _____

Subscribed and sworn to before me this _____ day of _____,
20_____.

Notary Public/Assessing Office Staff

_____ County,

My Commission Expires: _____