



POVERTY EXEMPTION APPLICATION for TAX YEAR **2017**

The information contained in this application is CONFIDENTIAL and is not subject to review under the Freedom of Information Act

I, _____, Petitioner, being the owner and residing at the property that is listed below as my principal residence, apply for property tax relief under MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893. The principal residence of persons who, in the judgment of the township supervisor or assessor and board of review, by reason of poverty who are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation per MCL 211.7u(1).

In order to be considered eligible, 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 guidelines. Please write legibly and attach additional pages as necessary.

Do You Claim this Property as Your Principle Residence?	Are Property Taxes Current?	Length of Time at this Residence:
---	-----------------------------	-----------------------------------

PERSONAL INFORMATION: Petitioner must list all required personal information.

Parcel ID #		Property Address of Principal Residence:	
Marital Status:	Age of Petitioner (if 62 or older):	Age of Spouse (if 62 or older):	Daytime Phone Number:

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

First & Last Name	Age	Relationship to Applicant	Do You Claim this Person as a Dependent?	Place of Employment	Amount of Monetary Contribution to Family Income

EMPLOYMENT INFORMATION: List Applicant's current employment information.

Applicant's Name:	Name of Contact Person:
Name of Employer:	Employer Phone Number:

List Employment Information for **ALL OTHER PERSONS** living in the household:

Household Member Name:	Name of Contact Person:
Name of Employer:	Employer Phone Number:

Household Member Name:	Name of Contact Person:
Name of Employer:	Employer Phone Number:

REAL ESTATE INFORMATION: List the real estate information related to your principal residence.

Name of Mortgage Company (if applicable):	Unpaid Balance Owed on Principal Residence:	Monthly Payment:
Have Any Improvements, Changes or Additions Been made to the Property in the Last Two (2) Years? If Yes, List Below:		

ADDITIONAL PROPERTY INFORMATION: List information related to any other property you, or any household member owns.

Do you own, or are you buying, other property? If yes, complete the information below.	Amount of Income Earned from other Property:
Property Address	Name of Owner(s)
	Assessed Value
	\$
	\$

INCOME INFORMATION: List all income sources, including but not limited to: salaries, Social Security, rents, pensions, ITA's (individual retirement accounts,), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income.

Source of Income	Monthly or Annual Income (indicate which)
Wages, Salaries, Tips, Sick	
Social Security, SSI	
Disability Payments (Workers Comp, Veterans Disability, etc.)	
Unemployment Benefits	
Retirement, Pension or Annuity Benefits (Include Military Retirement Pay)	
Interest and/or Dividends (Include Non-Taxable Interest)	
Alimony or Child Support	
Any OTHER Source of Income	
Less Amount You Pay for Medical Insurance	
TOTAL INCOME FOR ALL MEMBERS OF HOUSEHOLD	

CASH, CHECKING, SAVINGS AND INVESTMENT INFORMATION: List any and all bank accounts owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments.

[A COMPLETE COPY of the previous 12 monthly statements for EACH bank or investment account must be attached to this application for EACH member of the household. Please copy double sided.]

Cash or Name of Financial Institution or Investments	Balance On Hand or in Account	Name of Account

MOTOR VEHICLE INFORMATION: All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.

Make/Model	Year	Monthly Payment	Balance Owed	Value

List any unusual or out of the pocket expenses for the last year.

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

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 may be requested by the Assessor, Supervisor or Board of Review at any time for consideration in making the decision to grant the poverty exemption. **If income tax returns are not filed, an affidavit attesting to this fact must accompany the application.**

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, and will automatically void this application and deny consideration.

I, the undersigned Petitioner, hereby declare that the foregoing information is complete and true and that neither I, nor any household member residing within the principal residency, have money, income or property other than mentioned herein.

 Petitioner Signature

 Date

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:

Assessor or Supervisor
 Grass Lake Charter Township
 373 Lakeside Dr.
 Grass Lake, MI, 49240

Decisions of the March Board of Review may be appealed in writing to the Michigan Tax Tribunal by July 31st of the current year. July or December Board of Review denials may be appealed to the Michigan Tax Tribunal within 30 days of the Notice of 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: taxtrib@michigan.gov.