

POVERTY EXEMPTION FORM

▶ DEADLINE

YOU MUST COMPLETE THIS APPLICATION IN FULL AND RETURN IT TO THE Board of Review by _____

WHEN THIS FORM IS COMPLETED AND TURNED IN, IT WILL BE YOUR RESPONSIBILITY TO SCHEDULE AN APPOINTMENT TO MEET WITH THE BOARD OF REVIEW. IF YOU ARE UNABLE TO APPEAR IN PERSON, YOU MAY HAVE A REPRESENTATIVE APPEAR IN YOUR BEHALF.

▶ STATEMENT

I/ _____ being the **owner and resident** of the property listed below, desire to apply for Tax Relief under Section 74 of Michigan Property Tax Act: (The *principal* residence of persons who, in the judgment of the Supervisor and Board of Review, by reason of poverty, are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation under this act. MCL Section 211.7u) **The supervisor or board of review must receive a copy of the applicant's federal and state income tax returns for the prior or current year for all who reside in the household and a copy of a State of Michigan property tax refund form (MI-1040CR).**

▶ PROPERTY ADDRESS

Property Address: _____ Parcel # _____

Legal Description: _____

▶ APPLICANT INFORMATION

Date of Birth: _____

Phone Number: Daytime _____ Evening _____ Cell _____

Other contact Information: _____
(Name) (Phone)

Current Martial Status

Married Divorced Widowed Separated Single

Applicant Status

Employed Full-time
 Employed Part-time
 Retired - How long _____

Spouse Status Age _____

Employed Full-time
 Employed Part-time
 Retired - How long _____

() Laid-off - How long _____
 Possible Return date _____
 () Disabled
 () Not working - How long _____
 Occupation _____
 Current or most recent employer _____

() Laid-off - How long _____
 Possible Return date _____
 () Disabled
 () Not working - How long _____
 Occupation _____
 Current or most recent employer _____

Describe any disability or health problems _____

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Resident Information

Please list **all people other than yourself or spouse** currently living in your household.
 (Attach additional sheet if necessary)

	1	2	3	4	5
Full Name					
Age					
Relationship					
Annual Income					
Do they contribute to the household income?	Yes No	Yes No	Yes No	Yes No	Yes No
Amount of contribution					

▶ **PROPERTY**

Are you and/or your spouse the sole owners of the property? Yes _____ No _____
 If no, list all owners and their percentages of ownership _____

Is the home paid in full? Yes _____ No _____
 If no, number of years remaining on this Mortgage/Land Contract. _____
 Do you owe any delinquent mortgage payments? Yes _____ No _____
 If yes, please list the amount \$ _____
 Do you owe any delinquent taxes? Yes _____ No _____
 If yes, please list the year(s) and amount(s) _____
 Have any improvements/ changes or additions been made to the property in the last year(s)? Yes _____ No _____ If yes, please explain: _____

Do you have any ownership in any other real estate? Yes _____ No _____
 If yes, please describe the property / location and estimated value _____

▶ **ASSET INFORMATION**

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

Cash	\$
Checking Accounts, Saving Accounts, CDs, Money Markets	\$
Stocks, Bonds, Treasury Bills	\$
Retirement Accounts	\$

List all the motor vehicles in household (whether paid in full or not) including cars, trucks, and recreational vehicles i.e.: boats, motorcycles, motor homes, travel trailers, jet skis, snowmobiles, ATV's ect;

	Make - Model	Year	Bought or Leased	Purchase Price
1				
2				
3				
4				
5				

▶ **INCOME INFORMATION**

Please list all sources of your personal income on a **MONTHLY** basis.

Source	Applicant	Spouse
Employment		
Social Security - SSI		
Pension		
Unemployment, Workers Compensation		
General Assistance (FIA, ADC, Food Stamps)		
Child Support, Alimony		
Family Support		
Interest (Taxable & Non-taxable; Dividends)		
Rental Income		
Other income (explain)		

Has your income significantly changed in the last year? Yes _____ No _____

If yes, please explain. _____

▶ **EXPENSE INFORMATION**

Please list all sources of household expenses on a **MONTHLY** basis.

House Payment	***SEE BELOW
Association, Condo Fees	
Taxes on other property	
Special Assessment	
Home Insurance	
Car Payment 1 st Car	
Car Payment 2 nd Car	
Auto Insurance	
Health Insurance (include prescription coverage)	
Medical Bills (not covered by insurance)	
Prescriptions (not covered by insurance)	
Child Care, Day Care	
Cable	
Phone	
UTILITIES	
Water	
Gas	
Electric	
TOTAL OF EXPENSE	

*** Mortgage/Land Contract Balance \$ _____ Monthly Payment \$ _____

Does this payment include taxes? Yes _____ No _____

Does this payment include insurance? Yes _____ No _____

Have your expenses significantly changed in the last year? Yes _____ No _____
 If yes, please explain. _____

▶ **DEBT INFORMATION**

Please list any outstanding loans, credit cards and personal debts.
 (Attach additional sheet if necessary)

	TO WHOM	FOR WHAT	MONTHLY PMT	BALANCE
1				
2				
3				
4				
5				
GRAND TOTAL				

▶ **APPLICANT CERTIFICATION**

I understand that the statements contained in this application are true to the best of my knowledge. I also understand that this application will be denied or revoked if the information contained is found to be false or incomplete.

Applicant Signature _____

Spouse Signature _____

IF AN EXEMPTION IS GRANTED, IT WILL BE IN EFFECT FOR THE CURRENT YEAR ONLY.

I understand and have received a copy of the poverty guidelines.

Applicant Signature _____

Spouse Signature _____

Name of Preparer if other than applicant _____

▶ FOR BOARD OF REVIEW USE

The undersigned deposes and says that the statements in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

DO NOT SIGN UNTIL WITNESSED BY THE BOARD OF REVIEW

STATE OF MICHIGAN
COUNTY OF ST. CLAIR

APPLICANT

SUBSCRIBED AND SWORN ON THIS _____ DAY OF _____, 20____

Board of Review members



DISPOSITION BY BOARD OF REVIEW DATE _____

DENIED ____ APPROVED ____ ASSESSMENT REDUCED TO _____

CHAIRPERSON ____ SECOND MEMBER ____ THIRD MEMBER _____

DECISIONS MAY BE APPEALED TO MICHIGAN TAX TRIBUNAL

WAIVER OF CONFIDENTIALITY

Parcel Number #: _____

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**, by the Township of Greenwood Assessor and or designate agent and by the members of Greenwood Township Board of Review:

- Federal Income Tax Returns
- Michigan Income Tax Returns
- Senior Citizens Homestead Property Tax Form
- General Homestead Property Tax Claim Form
- Statements from Social Security Administration

Furthermore, I consent to the discussion of the information contained in my tax returns and related financial documents at a duly convened public meeting of the Township of Greenwood Board of Review. By signing this Waiver of Confidentiality, I understand and acknowledge that I am forever giving up any and all possible claims I 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 have read this document in its entirety and sign this document of my own free will.

Dated: _____

Applicant Signature

Spouse / Co-Applicant Signature

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.

I, _____, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence: _____

Signature of Person Making Affidavit

Date

Poverty Exemption Deadlines

Poverty exemptions may be granted at the March, July or December meetings of the Board of Review, however it is best to file early.

Once the December meeting has past no exemption may be granted for that years' taxes. To be certain you do not miss the deadline you should file

before December 1

**TOWNSHIP OF GREENWOOD
ST. CLAIR COUNTY, MICHIGAN**

RESOLUTION: 2020-2

**RESOLUTION AUTHORIZING
THE GREENWOOD TOWNSHIP BOARD OF REVIEW
TO ACCEPT THE FEDERAL POVERTY EXEMPTIONS GUIDELINES
FOR THE YEAR 2018, AND TO ADOPT AN ASSET LEVEL TEST TO BE USED BY
THE GREENWOOD TOWNSHIP BOARD OF REVIEW FOR DETERMINING IF A
PETITIONER IS QUALIFIED FOR A POVERTY EXEMPTION**

Where as, the Township Board of the Township of Greenwood, in St. Clair County, Michigan, wishes to adopt the Federal Poverty Guidelines for use by the Greenwood Township Board of Review in setting poverty exemption guidelines for 2020 assessments; and

Where as, one of the provisions of PA 620 of 2002 is that local governing bodies are required to set income levels for their poverty exemption guidelines and that those income levels SHALL NOT BE SET LOWER by a township than the federal poverty guidelines updated annually by the U.S. Department of Health and Human Services; and

Where as, PA 390 of 1994 states that the poverty exemption guidelines established by the governing body of the local assessing unit SHALL also include an asset level test,

NOW, THEREFORE; IT IS HEREBY RESOLVED AS FOLLOWS:

1. The following federal poverty guidelines for 2020 assessments are adopted by the Greenwood Township Board of Trustees for use by the Greenwood Township Board of Review.

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
9	\$47,850
10	\$52,270
For each additional Person, add	\$ 4,420

2. The following asset level test form is adopted for use by the Greenwood Township Board of Review for determining poverty exemptions for 2020 assessments

This RESOLUTION HAS BEEN ADOPTED, and takes immediate effect, upon its adoption by the Greenwood Township Board, and signing and certification by the Township Clerk for the Township of Greenwood.

MOVED BY: Doug Nowicki

SUPPORTED BY: Sonya O'Brien

AYES: Doug Nowicki, Becky Ramsey, Marvin Roberts, Eric Krikorian, Sonya O'Brien

NAYS: _____

ABSENT: _____

CERTIFICATION

I, Sonya O'Brien, the Clerk of the Township of Greenwood, in the County of St. Clair, State of Michigan, hereby certify that the forgoing Resolution was adopted by the Township Board of the Township of Greenwood at a regular meeting of said Board held on January 14, 2020, at which meeting a quorum was present by a roll call vote of said members as hereinbefore set forth; that said Resolution was ordered to take immediate effect.

Sonya O'Brien
Sonya O'Brien,
Greenwood Township Clerk

Dated: January 14, 2020

Greenwood Township Hardship Exemption
2020 Asset Level Test

In addition to meeting the 2020 Federal Poverty Guidelines as adopted by the Greenwood Township Board, the hardship/poverty exemption applicant shall not have assets that exceed \$40,000.00. The following assets shall be exempt and will not be included in the asset level test:

1. The applicant's Greenwood Township Principal Residence (dwelling)
2. Two vehicles used for transportation
3. Life insurance policies
4. Cemetery plots
5. Earned income tax refund

This Asset Level Test was adopted January 14, 2020 by a roll call vote of the Greenwood Township Board of Trustees.

M-O'Brien 2nd-Ramsey

Roll Call Vote:

Supervisor Nowicki Yes

Clerk O'Brien Yes

Treasurer Ramsey Yes

Trustee Krikorian Yes

Trustee Roberts Yes