

## Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

**To be considered complete, 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 application. Please write legibly and attach additional pages as necessary.

|                                                                                                                                                                                                   |                  |                                         |                            |                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|----------------------------|---------------------------------------------|--|
| <b>PART 1: PERSONAL INFORMATION</b> — Petitioner must list all required personal information.                                                                                                     |                  |                                         |                            |                                             |  |
| Petitioner's Name                                                                                                                                                                                 |                  |                                         |                            | Daytime Phone Number                        |  |
| Age of Petitioner                                                                                                                                                                                 | Marital Status   | Age of Spouse                           | Number of Legal Dependents |                                             |  |
| Property Address of Principal Residence                                                                                                                                                           |                  | City                                    | State                      | ZIP Code                                    |  |
| <input type="checkbox"/> Check if applied for Homestead Property Tax Credit                                                                                                                       |                  | Amount of Homestead Property Tax Credit |                            |                                             |  |
| <b>PART 2: REAL ESTATE INFORMATION</b>                                                                                                                                                            |                  |                                         |                            |                                             |  |
| List the real estate information related to your principal residence. Be prepared to provide a deed, land contract or other evidence of ownership of the property at the Board of Review meeting. |                  |                                         |                            |                                             |  |
| Property Parcel Code Number                                                                                                                                                                       |                  | Name of Mortgage Company                |                            |                                             |  |
| Unpaid Balance Owed on Principal Residence                                                                                                                                                        | Monthly Payment  | Length of Time at this Residence        |                            |                                             |  |
| Property Description                                                                                                                                                                              |                  |                                         |                            |                                             |  |
| <b>PART 3: ADDITIONAL PROPERTY INFORMATION</b>                                                                                                                                                    |                  |                                         |                            |                                             |  |
| List information related to any other property owned by you or any member residing in the household.                                                                                              |                  |                                         |                            |                                             |  |
| <input type="checkbox"/> Check if you own, or are buying, other property. If checked, complete the information below.                                                                             |                  |                                         |                            | Amount of Income Earned from other Property |  |
| 1                                                                                                                                                                                                 | Property Address | City                                    | State                      | ZIP Code                                    |  |
|                                                                                                                                                                                                   | Name of Owner(s) | Assessed Value                          | Date of Last Taxes Paid    | Amount of Taxes Paid                        |  |
| 2                                                                                                                                                                                                 | Property Address | City                                    | State                      | ZIP Code                                    |  |
|                                                                                                                                                                                                   | Name of Owner(s) | Assessed Value                          | Date of Last Taxes Paid    | Amount of Taxes Paid                        |  |

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**PART 4: EMPLOYMENT INFORMATION** — List your current employment information.

|                     |                           |       |          |
|---------------------|---------------------------|-------|----------|
| Name of Employer    |                           |       |          |
| Address of Employer | City                      | State | ZIP Code |
| Contact Person      | Employer Telephone Number |       |          |

**PART 5: INCOME SOURCES**

List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (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, for all persons residing at the property.

| Source of Income | Monthly or Annual Income<br>(Indicate which) |
|------------------|----------------------------------------------|
|                  |                                              |
|                  |                                              |
|                  |                                              |

**PART 6: CHECKING, SAVINGS AND INVESTMENT INFORMATION**

List any and all savings 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, for all persons residing at the property.

| Name of Financial Institution<br>or Investments | Amount<br>on Deposit | Current<br>Interest Rate | Name on Account | Value of<br>Investment |
|-------------------------------------------------|----------------------|--------------------------|-----------------|------------------------|
|                                                 |                      |                          |                 |                        |
|                                                 |                      |                          |                 |                        |
|                                                 |                      |                          |                 |                        |

**PART 7: LIFE INSURANCE** — List all policies held by all household members.

| Name of Insured | Amount of<br>Policy | Monthly<br>Payments | Policy Paid in<br>Full | Name of Beneficiary | Relationship to<br>Insured |
|-----------------|---------------------|---------------------|------------------------|---------------------|----------------------------|
|                 |                     |                     |                        |                     |                            |
|                 |                     |                     |                        |                     |                            |
|                 |                     |                     |                        |                     |                            |

**PART 8: 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 | Year | Monthly Payment | Balance Owed |
|------|------|-----------------|--------------|
|      |      |                 |              |
|      |      |                 |              |

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**PART 9: HOUSEHOLD OCCUPANTS** — List all persons living in the household.

| First and Last Name | Age | Relationship to Applicant | Place of Employment | \$ Contribution to Family Income |
|---------------------|-----|---------------------------|---------------------|----------------------------------|
|                     |     |                           |                     |                                  |
|                     |     |                           |                     |                                  |
|                     |     |                           |                     |                                  |
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|                     |     |                           |                     |                                  |
|                     |     |                           |                     |                                  |
|                     |     |                           |                     |                                  |

**PART 10: PERSONAL DEBT** — List all personal debt for all household members.

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

**PART 11: 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                        | Health Insurance |
| Garbage                 | Daycare                 | Car Expense (gas, repair, etc.) |                  |
| Other (type and amount) | Other (type and amount) | Other (type and amount)         |                  |
| Other (type and amount) | Other (type and amount) | Other (type and amount)         |                  |

Continue and sign on Page 4

**NOTICE:** Per MCL 211.7u(2)(b), 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 must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

#### **PART 11: POLICY AND GUIDELINES ACKNOWLEDGMENT**

The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.

☐ The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.

#### **PART 12: CERTIFICATION**

I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.

|              |           |      |
|--------------|-----------|------|
| Printed Name | Signature | Date |
|--------------|-----------|------|

**This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.**

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

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