

POVERTY EXEMPTION

APPLICATION

I _____ being the owner and resident of the property listed below, desire to apply for Tax Relief under Section 7u of the Michigan General Property Tax Act: (The real and personal property of persons who, in the judgment of the assessor and board of review, by reason of poverty, are unable to contribute toward the public charges, are exempt from taxation under this act.)

PROPERTY DESCRIPTION:

Lot No. _____ Sub. _____ Tax I.D. No. _____
Address _____ Phone No. _____

MARITAL STATUS: Married _____ Single _____ Separated _____ Divorced _____ Widow _____
Widower _____

AGE OF APPLICANT: _____

Did you apply for Homestead Property Tax Credit? _____
How much was your Property Tax Credit? \$ _____

REAL ESTATE: Is home paid in full? _____
If not, what is unpaid balance? \$ _____
Name of Mortgage Co. _____ Monthly Payments \$ _____
How long have you lived at this address? _____
Do you own or are you buying any other property? _____
If so, list below:

PROPERTY ADDRESS	PROPERTY IN THE NAME OF WHOM	ASSESSED VALUE	AMOUNT AND DATE OF LAST TAXES PAID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income from property _____

NAME OF EMPLOYER: _____

List all income from: Salaries, Social Security, Rents, Pension, Unemployment Compensation, Disability, Government Pensions, Dividends, Workmen's Compensation, Union, Claims and Lawsuits, Alimony, Child Support or any other source.

SOURCE OF INCOME	AMOUNT MONTHLY
_____	_____
_____	_____
_____	_____

BANK ACCOUNTS AND SAVINGS: List all bank accounts owned by you or your spouse, also savings certificates, Postal Savings and Cash in deposit box, on deposit in Credit Unions.

NAME OF BANK, BUILDING & LOAN CO. OR POSTAL, SAVINGS BANK, ETC.	AMOUNT ON DEPOSIT NOW	IN WHOSE NAME IS ACCOUNT	AMOUNT AND DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all Stocks, Bonds, Mortgages, Land Contracts owned by you or your spouse.

	CURRENT VALUE	DIVIDENDS AND INTEREST RECEIVED ANNUALLY
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIFE INSURANCE: List all policies held by you and all members of your household.

INSURED	FACE AMOUNT OF POLICY	AMT. PAID MONTHLY	PAID UP POLICIES	NAME OF BENEFIC.	RELATIONSHIP OF BENEFIC.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MOTOR VEHICLES IN HOUSEHOLD:

1. Make _____ Year _____ Mo. Payment \$ _____ Balance \$ _____
2. Make _____ Year _____ Mo. Payment \$ _____ Balance \$ _____
3. Make _____ Year _____ Mo. Payment \$ _____ Balance \$ _____

List below all persons living with you:

LAST NAME, FIRST NAME	AGE	WHAT IS YOUR RELATIONSHIP	ARE THEY WORKING?	HOW MUCH CASH
				THEY GIVE OR WHAT BILLS THEY PAY EACH MO.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PERSONAL DEBTS: What do you owe?

TO WHOM	FOR WHAT	DATE OF DEBT	ORIGINAL AMOUNT	MONTHLY PAYMENT	BALANCE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER DEBTS: List all other monthly obligations:

TO WHOM	AMOUNT	TO WHOM	AMOUNT

ASSET LISTING: List all other assets owned or controlled by you and their value. For example: Boats, coin collections, art objects, antiques, silver, gold, etc.

TYPE OF ASSET	VALUE	OWNER

Is there any further information you desire to add? _____

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: A copy of your latest Federal Income Tax Return, State Income Tax Return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040, CR-1,2,3 or 4) must be attached as proof of income.

NOTE: DO NOT SIGN until witnessed by the assessor or board of review.

STATE OF MICHIGAN
COUNTY OF _____ ss

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

Petitioner's Signature

Subscribed and sworn to before me this _____ day of _____, 19__.

Assessing Office or Member,
Board of Review or a Notary Public

This application must be returned, No later than the second Monday in March to the Board of Review of: _____

FOR BOARD OF REVIEW USE ONLY

Disposition by Board

Date: _____

() Denied

() Reduce to: \$ _____

Board of Review

Supervisor/Assessor

