

Green Oak Township

Assessor's Office
810-231-1333

Appointment date/time: _____

POVERTY EXEMPTION APPLICATION: (as authorized under the provision of the General Property Tax Act of 1893, as amended)

APPLICATION DUE BY: _____ **Parcel No.** _____

I, _____, being the owner and resident of the property listed below, desire to apply for Tax Relief under section 7D of the Michigan General Property Tax Act: (The real 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 tax under this act).

GUIDELINES FOR POVERTY EXEMPTIONS (MCL 211.7u)

- I. In order to be eligible for the poverty exemption, the claimant must do all of the following on an **annual** basis:
 - a. Own & occupy as a homestead the property for which the exemption is requested no less than five (5) years.
 - b. File an appeal with the Assessor's Office or the Board of Review in person, by appointment only, or through an agent authorized in writing by the property owner.
 - c. All Applications must be received at the Assessor's Office **2 FULL BUSINESS DAYS** prior to the final session of the Board of Review.
 - d. Provide Federal and State income tax returns and proof of income for all persons residing in the homestead including any property tax credit returns ie MI 1040CR).
 - e. Produce a valid driver's license or other form of identification, if requested.
 - f. Show proof of ownership, if requested.
 - g. An explanation will be required for all household members over the age of 18 who are not cited as contributing to the household income.
- II. The income levels must meet the following Poverty Income Standards as defined and determined by Green Oak Township. Guidelines include the income of the **ENTIRE** household.

<u># of persons in homestead</u>	<u>Income Level(s)</u>
1	\$12,670
2	\$14,570
3	\$16,320
4	\$18,260
5	\$21,180
6	\$24,260
7	\$27,340
8	\$30,420

- III. Applicant must be a United States Citizen.
- IV. Asset level of the entire household may not exceed \$30,000.
- V. Have an annual taxable and non-taxable interest/dividend income less than \$1,000.
- VI. Taxes must exceed 3.5% of total income and assets.
- VII. Income and assets include but are not limited to:
 - a. Money wages and salaries before deductions.
 - b. Net receipts from non farm self-employment. These are receipts from a person's own business, professional enterprise, or partnership, after deductions for business expenses.
 - c. Net receipts from farm self-employment. These are receipts from a person's own business, professional enterprise, or partnership, after deductions for business expenses.
 - d. Regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, public assistance (including Aid to Families with Dependent Children, Supplemental Security Income, Emergency Assistance money payments, and non-federally funded General Assistance of General Relief money payments).
 - e. Alimony, child support, and military family allotment or other regular support from an absent family member or someone not living in the household.
 - f. Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments.
 - g. College or university scholarships, grants, fellowships, and assistantships.
 - h. Dividends, interest, net rental income, net royalties, periodic receipts from estate or trusts, and net gambling or lottery winnings.
- VIII. State Equalized Value cannot exceed \$75,000 and cannot be reduced any lower than \$50,305 (Brighton school dist.), \$60,347 (Whitmore Lake school dist.), and \$43,099 (South Lyon school dist.). (State refund divided by the millage rate = minimum SEV.)
- IX. In order to qualify for the poverty exemption, the claimant must meet **ALL** of the tests set by the local governing body.
- X. **Under the Freedom of Information Act all records submitted to the Board of Review are public –record.**
- XI. PA-390 requires that local assessing units make available to the public their policies and guidelines for the granting of poverty exemptions.
- XII. The Board of Review will follow the policies and guidelines of the local assessing unit when granting or denying a poverty exemption. The same standards will apply to each claimant in the unit for the assessment year unless the Board of Review determines there are substantial and compelling reasons why there should be a deviation from the policy and guidelines.
- XIII. A claimant may request a poverty exemption and appeal the property's assessment to the March Board of Review at the same time. A claimant may request a poverty exemption at the July and December Board of Review. Only one request per year per household will be heard by the Board of Review.
- XIV. A property owner or the Township Assessor may appeal the March Board of Review's decision on a poverty exemption to the Michigan Tax Tribunal by June 30th.
- XV. Applicants for Poverty Exemption must also comply with MCL 211.118: Perjury: any person who, under any of the proceedings required or permitted by this act willfully swear falsely, will be guilty of perjury and subject to its penalties.

NAME OF EMPLOYER: _____

List all income from: salaries, Social Security, Social Services (ADC, food stamps, etc.), rents, pension, unemployment compensation, disability, government pensions, dividends, Workmen's Compensation, union, claims and lawsuits, alimony, child support, lottery, or any other source.

SOURCE OF INCOME	MONTHLY AMOUNT

BANK ACCOUNTS AND SAVINGS: List all bank accounts owned by you or your spouse, also savings, certificates, postal savings and cash in deposit boxes, on hand or on deposit in Credit Unions.

NAME OF BANK, BLDG. & LOAN CO., OR SAVINGS BANK, ETC.	BALANCE	NAME(S) ON THE ACCOUNT	AMOUNT & DATE OF LAST ENTRY

STOCKS, BONDS, MORTGAGES, LAND CONTRACTS OWNED BY YOU OR YOUR SPOUSE	CURRENT VALUE	DIVIDENDS, INTEREST AND AMOUNTS RECEIVED

INSURED	FACE AMOUNT OF POLICY	MONTHLY PAYMENT	PAID UP POLICIES	NAME OF BENEFICIARY	RELATIONSHIP OF BENEFICIARY

PROPERTY DESCRIPTION: Parcel Identification no. _____

Address: _____ Phone no. _____

MARITAL STATUS: ___ Married ___ Single Separated ___ Divorced ___ Widowed

AGE OF APPLICANT: _____ **SOCIAL SECURITY NO.:** _____

Did you apply for the Property Tax Credits? _____ Yes _____ No

If yes, how much was your property tax credit? \$ _____

If no, why not?: _____

REAL ESTATE Is the home paid in full? _____ Yes _____ No

If not, what is the unpaid balance? \$ _____

Monthly payment \$ _____

How long have you lived at this address? _____

Do you own, or are you buying any other property? _____ Yes _____ No

If yes, list below:

ADDRESS	NAME(S) ON TITLE	VALUE	INCOME FROM PROPERTY

ASSET LISTING: List all assets owned or controlled by you and their value (i.e. boats, coin collection, art objects, antiques, silver, gold, etc.)

TYPE OF ASSET	VALUE	OWNER

Is your property taxes currently paid? _____ Yes _____ No Taxes \$ _____

Homestead: _____ Yes _____ No Assessor's verification: _____

MOTOR VEHICLES IN HOUSEHOLD:

MAKE	YEAR	MO. PMTS.	BALANCE

List below all persons who are living with you and any relative(s) or person that sends you money.

LAST NAME, FIRST NAME	AGE	RELATIONSHIP	AMT. RECEIVE OR BILLS PAID?

PERSONAL DEBTS: What do you owe?

TO WHOM	FOR WHAT	DATE OF DEBT	ORIGINAL AMOUNT	MONTHLY PMT.	BALANCE

List all other monthly obligations (medical related expenses must include receipts or other proof):

TO WHOM	AMOUNT	TO WHOM	AMOUNT

Is there any further information you desire to add?: _____

IMPORTANT NOTICE:

Any willful misstatements or misrepresentations made on this form may constitute perjury which, under the law, is a felony by fine or imprisonment.

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

NOTE: DO NOT SIGN the form until you are present before the notary.

STATE OF MICHIGAN
COUNTY OF LIVINGSTON

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

Petitioner's Signature

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

Notary Public

This application must be returned to: Green Oak Township Assessor's Office: 10001 Silver Lake Rd. no later than 2 FULL BUSINESS DAYS PRIOR to the last session of the Board of Review. Appeals to the Board of Review are by appointment only.

BOARD OF REVIEW USE ONLY

Disposition by Board of Review

Parcel No.: _____ Date: _____

____ Denied Assessed Value \$ _____ Reduced to \$ _____

____ Approved Taxable Value \$ _____ Reduced to \$ _____
