

**ASSYRIA TOWNSHIP
BARRY COUNTY, MICHIGAN**

MCL 211.7u 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. This section does not apply to the property of a corporation.

POVERTY EXEMPTION APPLICATION
Confidential Information

TAX YEAR _____ **PARCEL NO.** _____

Address of property for which relief is being sought: _____

Petitioner's Printed Name _____ Date of Birth _____

Phone Number: Daytime: _____ Evening: _____

MARITAL STATUS

- Single Married Divorced Separated Widowed

EMPLOYMENT STATUS

PETITIONER:

- Employed Full-time
 Employed Part-time

Occupation: _____

Employer: _____

Address: _____

Telephone: (____) _____

- Unemployed
 Disabled
percent disabled _____

Do you qualify for disability benefits?

- Yes No

Retired – No of Years _____

Laid-off – No of Years _____

SPOUSE (if applicable):

- Employed Full-time
 Employed Part-time

Occupation: _____

Employer: _____

Address: _____

Telephone: (____) _____

- Unemployed
 Disabled
percent disabled _____

Does your spouse qualify for disability benefits?

- Yes No

Retired – No of Years _____

Laid-off – No of Years _____

Describe any extenuating circumstances that may affect employment:

PROPERTY INFORMATION

A. Purchase Date: Amount Paid: _____

B. Mortgage/Land Contract Balance: _____

C. Monthly Payment: _____

Does this payment include taxes? Yes No

D. Are your property taxes paid up to date? Yes No

E Did you apply for a poverty exemption last year? Yes No

F. Do you anticipate selling this homestead property in the next year? Yes No

RESIDENT STATUS

Please list all people currently living in the house for which a tax exemption is being sought.

Name	Age	Relationship	Annual Income
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

TOTAL INCOME OF RESIDENTS: \$_____

PERSONAL INCOME

Please list all sources of your personal income. Please indicate the amount from each source on an ***annual basis***.

ANNUALLY

Wages, salaries, tips, sick, strike and sub-pay, etc. \$ _____

All interest and dividend income (including non-taxable interest) \$ _____

Net rent, business or royalty income \$ _____

Retirement pension and annuity benefits \$ _____

Name of Payer _____

Net farm income \$ _____

Net capital gains \$ _____

Alimony (*if applicable*): \$ _____

Social Security, SSI or railroad retirement benefits \$ _____

Child support, WIC \$ _____

Unemployment compensation and TRA benefits \$ _____

Workers' compensation, veterans' disability payments \$ _____

ADC and GA benefits \$ _____

All other public assistance payments \$ _____ Describe _____

Other Non-taxable income \$ _____ Describe _____

Does anyone contribute to your support? No Yes-Amount \$ _____

TOTAL ANNUAL INCOME: \$ _____

- SSI Supplemental Security Income.
- WIC Special Supplemental Nutrition Program for Women, Infants, and Children
- TRA Temporary Rental Assistance
- ADC Aid to Dependent Children
- GA General Assistance or General Relief (GA/GR) Program is designed to provide relief and support to indigent adults who are not supported by their own means, other public funds, or assistance programs..

ASSET INFORMATION

What are your assets as of the end of the month preceding the filing of this appeal, in addition to the real estate noted previously?

Cash \$ _____

Savings Accounts/Certificates & Money Markets\$ _____

Checking Accounts \$ _____

Stocks/Bonds/Treasury Bills \$ _____

Investments \$ _____

Personal property held as an investment (i.e. gems, jewelry, coin collection, antiques cars etc.) \$ _____

Any other assets \$ _____

Cars, Trucks, Boats, Trailers, Recreational Vehicles etc.

	Make	Model	Year	Value	Balance Owed
#1	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____
#5	_____	_____	_____	_____	_____

TOTAL VALUE OF ASSETS: _____

DEBT

Do you have loans, land contracts, or other debt outstanding? (*attach additional sheet if necessary*)

Type _____ To Whom _____

Address _____

Current Balance Amount \$ _____ Monthly Payment \$ _____

Type _____ To Whom _____

Address _____

Current Balance Amount \$ _____ Monthly Payment \$ _____

AVERAGE MONTHLY EXPENSES

Rent/House Payment (Principal & Interest) \$ _____

Life Insurance \$ _____ Health Insurance \$ _____

Home Insurance \$ _____ Auto Insurance \$ _____

Taxes (Principal Residence) \$ _____ Taxes on other property \$ _____

Car Payment \$ _____ Special Assessment \$ _____

UTILITIES AND OTHER MONTHLY COSTS

Auto Gas/Oil \$ _____ Home Heating \$ _____

Electricity \$ _____ Telephone \$ _____

Child Care \$ _____ Food \$ _____

Credit Cards \$ _____ Medical \$ _____

Cable/Dish \$ _____ Newspaper \$ _____

Waste Mgmt. \$ _____ Live Stock Feed \$ _____

Other (specify): _____

Do you have any major or unusual expenses? Yes No
If yes, please explain:

(Attach additional sheet if necessary)

Present this completed form, in person, to the Assyria Township March Board of Review. If you are unable to personally present this form, you may have someone represent you who must swear the oath below on your behalf.

AUTHORIZATION TO REPRESENT

I authorize _____ to present this petition on my behalf.

I swear that the statements and information made in the foregoing application are true and that I have no money, income or property other than that mentioned herein.

Petitioner's PRINTED Name

Petitioner's Signature

 **DO NOT SIGN UNTIL** 

WITNESSED BY THE CHAIRPERSON, BOARD OF REVIEW, ASSYRIA TOWNSHIP, BARRY COUNTY, STATE OF MICHIGAN

I, the undersigned, swear that the statements and information made in the foregoing application are true and that I have no money, income or property other than that mentioned herein.

Petitioner's PRINTED Name

Petitioner's Signature

Subscribed and sworn to me this _____ day of _____, 20_____.

Board of Review Chairperson

FOR BOARD OF REVIEW USE ONLY

In the case of: _____

TAX YEAR _____ PARCEL NO. _____

Petitioner present: YES NO Petitioner Sworn: YES NO

Disposition by Board of Review

- Petition granted in Whole.
- Petition granted in part: Reduce tax from \$ _____ to \$ _____.
- Petition denied.

Chairperson, Board of Review

Date

Concur Non-concur

Supervisor

Date

To be eligible, a person shall do all the following on an annual basis:

- 1). Be the owner of and occupy as a homestead the property for which an exemption is requested.
- 2). Submit this completed form and include copies of your:
 - Federal income tax returns for all persons residing in the homestead,
 - State income tax returns for all persons residing in the homestead,
 - any property tax credit returns filed in the immediately preceding year or in the current year.
- 3). Produce a valid drivers' license or other form of identification if requested.
- 4). Produce a deed, land contract, or other evidence of ownership of the property for which an exemption is requested if requested by the BOR. Ownership in the name of the petitioner shall be as a matter of record as listed with the Barry County Clerk.
- 5). Meet the current poverty income guidelines adopted by the township board which is twice that of the Federal poverty income guidelines for the current year as defined and determined annually by the United States Office of Management and Budget.
- 6). Meet additional eligibility requirement of having assets of less than \$100,000 (not including the property for which relief is sought).
- 7). A copy of your latest Federal Income Tax Return (complete with copies of attachments filled), 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.
- 8). Applications shall be presented to the Chairperson of the Board of Review (BOR) during a March BOR session. The application may be reviewed by the Board without the applicant being present. However, the applicant or designated representative shall physically present the request to the BOR, take the oath and respond to any questions the Board may have then depart.
- 9). The Supervisor must agree to the Board's decision in regards to the disposition of all individual poverty claims or the decision of the is null and void.
- 10). A successful applicant is subject to personal investigation by the Township. Such an investigation would be for the sole purpose of verifying information submitted or statements made to the Board of Review regarding the poverty tax exemption claim.
- 11). The interview may be tape recorded, minutes of all proceedings by the Board of Review will be taken and all meetings will be at the Assyria Township Hall and are, by law, open to the public.

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