Est. 1844 Barry County Michigan 8094 Tasker Road, Bellevue, MI 49021 Phone (269) 758-3646 "Quaint, Quiet & Country"

2023 GUIDELINES FOR APPLICANTS REQUESTING CONSIDERATION FOR POVERTY EXEMPTIONS

BY LAW, ALL BOARD OF REVIEW MEETINGS AND ALL INFORMATION DISCUSSED ARE OPEN TO THE PUBLIC. EVIDENCE GIVEN TO THE BOARD OF REVIEW OR THE ASSESSOR IS SUBJECT TO THE FREEDOM OF INFORMATION ACT. REQUESTS FOR INFORMATION MAY BE RELEASED TO THE PUBLIC.

- 1. Applicants <u>MUST</u> obtain and fill out the attached Poverty Exemption Asset Test. It must be <u>"COMPLETE"</u> and delivered to the Assyria Township Assessor no later than the following dates for consideration:
 - a. March Board of Review, before 2nd Tuesday in March
 - b. July Board of Review, before 3rd Monday in July
 - c. December Board of Review, before 2nd Monday in December
- 2. Applicants must own and occupy the home for which the exemption is requested. The Principal Residence Exemption percentage is determined by General Property Tax Law 211.7dd, and will determine the percentage of exemption to be considered.

"Principal Residence" means, that portion of a dwelling or unit in a multiple-unit dwelling that is subject to ad valorem taxes and is owned and occupied as a principal residence by an owner of the dwelling unit. Principal Residence also includes all of an owner's unoccupied property classified as residential that is adjoining or contiguous to the dwelling subject to ad valorem taxes and that is owned and occupied as a principal residence by the owner. A road or a right-of-way does not break contiguity. Principal Residence also includes any portion of a home that a homeowner has rented or leased to another person as a residence as long as that portion of the principal residence that is rented or leased is less than 50% of the total square footage of living space in that principal residence. Principal Residence also includes a life care facility registered under the living care disclosure act, Act No. 440 of the Public Acts of 1976, being sections 554.801 to 554.844 of the Michigan Compiled Laws. Principal Residence also includes property owned by a cooperative housing corporation and occupied as a Principal Residence by tenant stockholders.

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"Qualified agricultural property" means unoccupied property and related buildings classified as agricultural, or other unoccupied property and related buildings located on that property devoted primarily to agricultural use as defined in section 2 of the Farmland and Open Space Preservation Act, Act No. 116 of the Public Acts of 1974, being section 554.702 of the Michigan Compiled Laws. Related buildings include a residence occupied by a person employed in or actively involved in agricultural use and who has not claimed a homestead exemption on other property. Property used for commercial storage, commercial processing, operations or other commercial or industrial purposes is not qualified agricultural property. A parcel of property is devoted primarily to agricultural use only if more than 50% of the parcel's acreage is devoted to agricultural use. An owner shall not receive an exemption for that portion of the total state equalized valuation of the property that is used for a commercial or industrial purpose or that is a residence that is not a related building.

3. Applicants cannot be considered for exemption if their total household gross income exceeds the FEDERAL PROVERTY INCOME GUIDELINE values (see below table).

2023

Size of Family Unit	Poverty Guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630

For each additional person \$4,720

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- Non-cash assets for the total household may \underline{NOT} exceed $\frac{1}{4}$ of the True Cash Value of the property. The following assets are excluded from this limit:
 - a) Applicant's Principal Residence property
 - ы) Applicant's household personal property
 - c) One vehicle used for personal transportation and titled to a member of the household.
 - d) Applicant's interest in Indian trusts' lands
 - e) Assets not accessible by the applicant, co-owner or any member of the applicant's household.
- 5. The Board of Review will consider all revenue and non-revenue producing assets of the owner, co-owner, and all members of the household. *Any attempt to hide and/or shift income and/or assets to another person, business or corporation shall be grounds for immediate denial.*
- 6. The Board of Review will consider the effect of all Michigan Income Tax Credits the applicant receives or can receive. Credits include Homestead Property Tax Credits, Senior Citizen Prescription Drug Credits and Home Heating Credits.
- 7. Applications must be submitted every year. If granted, exemptions are in effect for one year only.
- 8. Applicants must produce a driver's license, state ID, or other acceptable identification if asked by the Board of Review. Applicants must also produce a deed, land contract or other proof of property ownership if asked by the Board of Review.
- 9. Applications will be reviewed by the Board of Review. The Board may ask applicants or their authorized agents to be physically present to answer questions.
- 10. Applicants or their authorized agents may have to answer questions regarding such subjects as financial affairs, health and/or the status of people living in their home at a meeting that is open to the public.

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- 11. All applications will be evaluated based on data and statements given to the Board by the applicant. The Board can also use information gathered from any other source.
- 12. The Board of Review shall follow the policy and guidelines established by Resolution of the Assyria Township Board granting or denying an exemption.
- 13. The Board of Review may deviate from the guidelines if it determines there are substantial and compelling circumstances. Compelling circumstances include, but are not limited to, excessive medical expenses or excessive expenses necessary for the care of elderly or handicapped persons. Reasons will be communicated, in writing, to the applicant.
- 14. Applicants may be subject to investigation of their entire financial and property records by the Township. This would be done to verify information given or statements made to the Board of Review or Assessor in regard to their hardship tax claim.
- 15. Household income limits are updated each year, using the poverty thresholds established by the federal poverty income standards.
- 16. Applicants will be sent written notice of the Board's final decision. An applicant may appeal the Board's decision to the Michigan Tax Tribunal. An assessor may also appeal.

The Board's decision. Appeals must be filed with the Tribunal by the following dates:

- a. June 30^{th} for decision made by March Board of Review
- b. 30 days following Board meeting for decisions made by the July and December Boards of Reviews.

Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION — Enter information for	r the person owning an	d occupying t	he resid	ence.				
Owner Name		Owner Telephone						
Mailing Address	City	Toy to						
mailing Address	City		State	ZIP Code				
PART 2; LEGAL DESIGNEE INFORMATION (Complete	if applicable.)	Will 1986		247(2.5.5)00(A) = 14.				
Legal Designee Name		Daytime Telephon	e Number					
	1844-184 CHINA STANISH STA							
Mailing Address	City		State	ZIP Code				
· · · · · · · · · · · · · · · · · · ·				<u> </u>				
PART 3: HOMESTEAD PROPERTY INFORMATION —	Enter information for prope		exemp	tion is being claimed.				
City or Township (check the appropriate box and enter name)		County						
City Township Village								
Name of Local School District				W.				
	Tye () E	Caratad by Doned	of Povious					
Parcel Identification Number	Year(s) Exemption Previously	Granted by Board	OI Kealen					
Homestead Property Address	City		State	ZIP Code				
Tiomestead Topolly Address								
PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANC	Y. AND INCOME STAT	US (Check al	boxes	that apply.)				
I own the property in which the exemption is being	claimed.							
The property in which the exemption is being claim	ed is used as my home	stead. Homes	stead is	generally defined				
as any dwelling with its land and buildings where a	family makes its home.							
After establishing initial eligibility for the exemption,	my income and accet	etatus has ren	nained i	inchanged and/or				
I receive a fixed income solely from public assistance	e that is not subject to s	significant ann	ual incr	eases beyond the				
rate of inflation, such as federal Supplemental Secu	rity Income or Social S	ecurity disabil	ity or re	tirement benefits.				
	,							
PART 5: CERTIFICATION		45年 基準						
I hereby certify to the best of my knowledge that the info	rmation provided on this	s form is true	and I ar	n eligible to receive				
an exemption from property taxes by reason of poverty p	oursuant to Michigan Co	ompiled Law,	Section	211.7u.				
10 10 10 10 10 10 10 10 10 10 10 10 10 1	of Owner or Legal Designee			Date				
Owner or Legal Designee (Value (print)	of Other of Edgar Bookgroup							
Designee must attach a letter of authority.								
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)								
		Tax Year(s) ex	emption v	rill be posted to tax roll				
Approved Denied (Attach appeal instructions and	provide to owner.)	,						
CERTIFICATION — I certify that, to the best of my knowledge, the information contained in this form is complete and								
accurate.	29-,			20.10				
Assessor Signature		Date Certified by	Assessor					

Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

Date

Signature of Person Making Affidavit

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.

PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information.										
Petition	er's Name				Daytime Phone N	umber				
A == 06	Pelilioner	Marital Status		Age of Spouse	Numb	er of Legal D)enendents			
Age or	reulioner	Mantai Status	54	Age of Spouse	Numb	er or Legar L	opendents			
Propert	y Address of Principal Residence			City		State	ZIP Code			
	Check if applied for Hor	mestead Pr	operty Tax Credit	Amount of Homestead Proper	ty Tax Credit					
PAR	T 2: REAL ESTATE INF	ORMATIO	N	All de desert		Military of	73456 VIII (180			
List (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.									
Proper	ly Parcel Code Number	A Commence of the Commence of		Name of Mortgage Company			,			
Unpaid	Balance Owed on Principal Resid	lence	Monthly Payment		Length of Time a	t this Reside	nce			
Proper	ty Description									
						.,				
PAR	T 3: ADDITIONAL PRO	PERTY IN	FORMATION	· · · · · · · · · · · · · · · · · · ·		Miller				
List	information related to a	ny other pro	perty owned by yo	u or any member resid	ding in the ho	usehold.				
	Check if you own, or a	re buying, o	ther property. If ch	ecked, complete the	Amount of Incon	ne Earned fro	om other Property			
	information below.	, 0,								
	Property Address	-		City		State	ZIP Code			
1			A STATE OF THE STA		Date of Last Tax	no Poid	Amount of Taxes Paid			
'	Name of Owner(s)			Assessed Value	Date of Last lax	os FaiU				
	Property Address			City		State	ZIP Code			
2	Name of Owner(s)			Assessed Value	Date of Last Tax	es Paid	Amount of Taxes Paid			

PART 4: EMPLOYMENT Name of Employer	INFORMAT	ION — List your c	urrent employ	ment info	rmation.		endeddd sign
Address of Employer	City			State	ZIP Code		
Contact Person			Employer Tel	ephone Numb	er		
PART 5: INCOME SOUR	CES			· 1/2. 4			
List all income sources, in accounts), unemploymen judgments from lawsuits, income, for all persons re	, alimony, ch	ion, disability, govi ild support, friend	ernment nens	ions work	ar's compane	ation divi	danda alaima ana
	Source	of Income			Monti	nly or An (indicate	nual Income which)
DADT O CUECUMA							
PART 6: CHECKING, SA List any and all savings accounts, postal savings, persons residing at the pi	owned by a	Il household men	nbers, includi	na but no	t limited to: c	hecking a	accounts, savings nvestments, for all
Name of Financial Ins or Investments		Amount on Deposit	Current Interest Rate	e Name on Account		Value of Investment	
PART 7: LIFE INSURANC	CE — List all	policies held by a	ll household r	nembers.	1 ⁴ 1 1 .		Z Przywykojsky.
Name of Insured	Amount e Policy	of Monthly Payments	Policy Pa Full		ame of Bene	ficiary	Relationship to Insured
PART 8: MOTOR VEHICL	E INFORMA	ATION			7.02.03	3-1,424°.	
All motor vehicles (includ vithin the household must	ing motorcyot be listed.	cles, motor home	s, camper tra	ilers, etc.)	held or own	ed by an	y person residing
Make		Year		Monthly		Ва	lance Owed

PART 9: HOUSEHOLD OCCUPANTS — List all persons living in the household.									
First and Last			Age	Re	elationship Applicant		e of E	mployment	\$ Contribution to Family Income
	=								
	ewh.e				****	-			
	-					-			
							95		
PART 10: PERSONAL DE	.BT — List al	l personal d	ebt for a	all hor	usehold memi	bers.			
Overditor			Dat						
Creditor	Purpose	of Debt	of De	bt	Original Bal	ance	Mont	hly Payment	Balance Owed
					-				
	1.			,					
				-					
PART 11: MONTHLY EXPI	ENGE INFO	CHATION						, ,,,,	
		•	-incinal						I Indianta NI/A aa
The amount of monthly exnecessary.	spenses rela	tea to the b	fincipai	resiu	ence for each	n cate	gory i	nust de listec	I. Indicate IV/A as
Heating	Electric			Water				Phone	
Cable	Food			Clothir	ng			Health Insurance	
Garbage		Daycare				Ca	r Expen	se (gas, repair, etc.)
Other (type and amount)		Other (type and	d amount)			Oth	ner (type	e and amount)	
Other (type and amount)		Other (type and							
Other (type and amount)			amounty			Oth	Other (type and amount)		

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 t specific income and asset levels of the claimant and total household income and assets.	ownship, including the							
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.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760

E-mail: taxtrib@michigan.gov

Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION — Enter information	on for the person owning ar	d occupying t	he resid	ence.					
Owner Name		Owner Telephone							
Addition Addition	To:		01-1-	7/0.0-1-					
Mailing Address	City		State	ZIP Code					
PART 2: LEGAL DESIGNEE INFORMATION (Comp	olete if applicable \	WAR 1900	KANNY I	YEAR TERMINATION					
Legal Designee Name	лосо и арриоавто.	Daytime Telephon	e Number						
Mailing Address	City	1	State	ZIP Code					
		,							
PART 3: HOMESTEAD PROPERTY INFORMATION	 Enter information for prop 		exempt	ion is being claimed.					
City or Township (check the appropriate box and enter name)		County							
City Township Village		*							
Name of Local School District	M11								
Parcel Identification Number	Year(s) Exemption Previously	Granted by Board	of Review						
Homestead Property Address	City		State	ZIP Code					
Tromostoad Troporty Address	J. Only								
PART 4: AFFIRMATION OF OWNERSHIP, OCCUP	ANCY, AND INCOME STAT	US (Check all	boxes t	hat apply.)					
	11101,7110	(
I own the property in which the exemption is be	eing claimed.								
The property in which the exemption is being of		stead. Homes	tead is	generally defined					
as any dwelling with its land and buildings whe	re a family makes its home.								
A few and a balleting in third a big in the course of the	the way in come and poort	statua haa ram	ninod u	nobangod and/or					
After establishing initial eligibility for the exemp I receive a fixed income solely from public assis	ation, my income and assets	siaius nas ren	ual incre	eases beyond the					
rate of inflation, such as federal Supplemental	Security Income or Social S	ecurity disabili	itv or ret	irement benefits.					
rate of mination, sacri as reasonal supplemental	occurry moonie or occurre		,						
PART 5: CERTIFICATION	A No.	や 税款							
I hereby certify to the best of my knowledge that the	information provided on this	form is true	and Lam	eligible to receive					
an exemption from property taxes by reason of pove	erty pursuant to Michigan Co	mpiled Law. S	Section :	211.7u.					
	ature of Owner or Legal Designee			ale					
Owner or Legar Designee Name (print)	ature of Owner of Legal Designate			aio					
	All								
Designee must attach a letter of authority.									
LOCAL GOVERNMENT USE	ONLY (DO NOT WRITE BE	LOW THIS L	NE)						
				ll be posted to tax roll					
Approved Denied (Attach appeal instruction	is and provide to owner.)			L. P. C.					
CERTIFICATION — I certify that, to the best of my	knowledge, the information	contained in	this form	n is complete and					
accurate.									
Assessor Signature	A A A A A A A A A A A A A A A A A A A	Date Certified by	Assessor						
·									

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.

reside in the principal residence that is the	, swear and affirm by my signature below that I
for the current tax year and the preceding ta tax return.	oject of this Application for Poverty Exemption and that year, I was not required to file a federal or state income
Address of Principal Residence:	
Signature of Person Making	ffidavit Date

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.

PAR	T 1: PERSONAL INFOR	RMATION -	– Petitioner must li	st all required persona	al information.				
	ner's Name	Daytime Phone Number							
					<u> </u>				
Age of	Petitioner	Marital Status		Age of Spouse	Numb	er of Legal I	Dependents		
Proper	ty Address of Principal Residence	<u> </u>		City		State	ZIP Code		
	Check if applied for Hor	mestead Pr	operty Tax Credit	Amount of Homestead Prope	rty Tax Credit		<u> </u>		
PAR	T 2: REAL ESTATE INF	ORMATIO	N	April - Alexand		HWW.	7334,831,746,657,1153,0		
List	the real estate information	on related t	o vour principal res	idence. Be prepared t	o provide a de	ed. land	d contract or other		
	ence of ownership of the				And the second constitution of the second				
Proper	ty Parcel Code Number			Name of Mortgage Company	-		,		
Hannie	Balance Owed on Principal Resid	lanas	Monthly Payment		T Langth of Time at	this Reside	neo		
Unpaid	balance Owed on Enhapai Resid	ience	Monthly Payment	Length of Time at this Residence					
Proper	ty Description		I						
PAR	T 3: ADDITIONAL PRO	PERTY INI	FORMATION		5, 5 3,000 A	NIVA: III			
		·	****						
List	information related to ar	ny other pro	perty owned by yo	u or any member resid					
	Check if you own, or ar information below.	e buying, o	ther property. If che	ecked, complete the	Amount of Income	e Earned fro	om other Property		
	Property Address			City		State	ZIP Code		
1	- Labore				1 =	<u> </u>			
	Name of Owner(s)			Assessed Value	Date of Last Taxe	s Paid	Amount of Taxes Paid		
	Property Address	***		City	J	State	ZIP Code		
2	Name of Owner(s)		My	Assessed Value	Date of Last Taxe	s Paid	Amount of Taxes Paid		

PART 4: EMPLOYMENT	INFORMAT	ION — List your o	current emi	olovment	t inform:	ation	WANTE I	e entretaria
Name of Employer	· · · · · · · · · · · · · · · · · · ·			olo y morn		adon. ·		
Address of Employer					No. 44-			
7 tadiood of Employer			City				State	ZIP Code
Contact Person			Employe	r Telephone	Number			
PART 5: INCOME SOUR	CES				140	dywyn)	MMAT.	
List all income sources, i accounts), unemploymer judgments from lawsuits, income, for all persons re	it compensa , alimonv. ch	uon, aisability, gov ild support, friend	ernment n	ancione	WORKOT'	coomnone	ation div	danda alalusa sud
	Source	of Income				Mont	hly or An (indicate	nual Income which)
***************************************	· ·							
PART 6: CHECKING, SA	VINGS AND	INVESTMENT IN	IFORMATI	ON	<u> </u>		da Marayiya	
List any and all savings accounts, postal savings, persons residing at the pr	crean unior	all household men n shares, certificate	nbers, incl es of depo	uding bu sit, cash	ut not lin , stocks	mited to: o , bonds, or	hecking a	accounts, savings nvestments, for all
Name of Financial Ins or Investments	200000000000000000000000000000000000000	Amount on Deposit	Curren Interest R			ne on Account		Value of Investment

PART 7: LIFE INSURANCE	'E list of	nolision hold by a	11 havaala			Maria		
TANK IT EII EINOOKANC	LIST AII	policies field by a	II nouseno	ia memb	ers.	7.3. 1.9		
Name of Insured	Amount Policy	of Monthly Payments		Paid in ull	Nam	e of Bene	ficiary	Relationship to Insured
				'ar				
						4. 4.4		
PART 8: MOTOR VEHICL	E INFORMA	ATION				1.74(1),83	3-1,422	1,84,834
All motor vehicles (including within the household must	ing motorcy be listed.	cles, motor homes	s, camper	trailers,	etc.) he	ld or own	ed by any	person residing
Make		Year		Monthly F		nly Payment Ba		lance Owed

PART 9: HOUSEHOLD O	CCUPANTS	— List all р	persons	living	in the househousehousehousehousehousehousehouse	old.			
First and Last			Age	R	elationship Applicant		f Employment	\$ Contribution to Family Income	
	· · · · · · · · · · · · · · · · · · ·					 			
				-					
	MANA I				***				
	- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17			1					
							1		
PART 10: PERSONAL DE	RT — List a	ll personal (daht for	all ho	usehold memb	- 14.11A	New Medical Colonia (1974)		
	7. 2100	ii personar c	Da		usenoiu memi	Jers. Jers	Applications of the Parish	Mary may place and a second	
Creditor	Purpose	of Debt	of D		Original Bal	ance Mor	nthly Payment	Balance Owed	
		-							
	J								
PART 11: MONTHLY EXP	ENSE INFO	RMATION	1		<u> </u>				
The amount of monthly exnecessary.	openses rela	ted to the p	orincipal	resid	ence for each	category			
Heating	Electric			Water			Phone		
Cable	Food			Clothin	ıg	***	Health Insurance		
Garbage		Daycare				Car Expe	nse (gas, repair, etc.)		
Other (type and amount)		Other (type and	d amount)						
						Other (type and amount)			
Other (type and amount) Other (type			e and amount)			Other (typ	Other (type and amount)		

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 ACKNO	WLEDGMENT	
The governing body of the local assessing unit used for the granting of exemptions under MCL the federal poverty guidelines published in the p of Health and Human Services under its author adopted by the governing body of the local as eligibility requirements less than the federal guithe specific income and asset levels of the clair persons must not exceed the limits set forth in the services.	shall determine and make available to the puble 211.7u. In order to be eligible for the exemption of the calendar year in the Federal Register by the ity to revise the poverty line under 42 USC 990 sessing unit so long as the alternative guideling under the policy and guidelines must include and total household income and assets.	on, the applicant must meet a United States Department D2, or alternative guidelines nes do not provide income ude, but are not limited to,
The most of the cia	le policy and guidelines adopted by the city imant and total household income and assets.	or township, including the
PART 12: CERTIFICATION	The second of th	
I hereby certify to the best of my knowledge tha eligible for the exemption from property taxes p	t the information provided in this form is comp ursuant to Michigan Compiled Law, Section 21	lete, accurate and I am
Printed Name	Signature	Date
This application shall be filed after January 1, Board of Review.	, but before the day prior to the last day of	the local unit's December

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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