

PETITION NUMBER _____
PARCEL NUMBER: 54-01- _____

Green Charter Township

Application For Property Tax Relief

Pursuant to Section 211.7u of Michigan Compiled Laws

This application must be filled out carefully and completely. A copy of 2010 Federal Income Tax Returns, with the Michigan Property Homestead Form, **must** be submitted with this application, for each person residing in the homestead. All information supplied will be kept confidential. All applications **MUST** be complete and contain accurate information or they will not be considered. Applications submitted without completed forms or income tax returns will **NOT** be processed.

CONFIDENTIAL – RESTRICTED ACCESS

Petitioner's Name: _____ Age _____

Phone Number: _____

Address of property for which relief is being sought: _____

Petitioner's Marital Status:

| | | | |
|--|---------------|-----------|--|
| | Married | How Long? | |
| | Divorced | How Long? | |
| | Widow/Widower | How Long? | |
| | Separated | How Long? | |
| | Single? | | |

Employment Status: Please check the applicable box

| | | | |
|--|--------------------|----------|--|
| | Employed Full Time | Disabled | |
| | Employed Part time | Retired | |
| | Unemployed | Laid Off | |
| | Usual Occupation: | | |

Employer:(Last employer if unemployed) _____

Other, explain: _____

If you checked un-employed, laid off, disabled, or retired, how long have you been in this status? _____

DESCRIBE ANY DISABILITY OR HEALTH PROBLEMS YOU HAVE: _____

Spouse's Name: _____ **Age:** _____

Employment Status: Please check the applicable box

| | | | |
|--|--------------------|----------|--|
| | Employed Full Time | Disabled | |
| | Employed Part time | Retired | |
| | Unemployed | Laid Off | |
| | Usual Occupation: | | |

Employer:(Last employer if unemployed) _____

Other, explain: _____

If your spouse is unemployed, laid off, disabled, or retired, how long has she/he been in this status? _____

DESCRIBE ANY DISABILITY OR HEALTH PROBLEMS SPOUSE MAY HAVE: _____

Other persons currently residing in homestead:

| Name | Age | Relationship | Employment Status | Employer or School Attending | Dependent? | | | | |
|------|-----|--------------|-------------------|------------------------------|------------|----|-----|----|--|
| | | | | | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Does any person listed above or any other people make a financial contribution to the household? _____

If yes, how much does the person contribute each month?

Person's name: _____ Amount \$ _____

Are you and/or your spouse the sole owners of this homestead? _____

If no, who else has an interest in the property? _____ Explain: _____

When did you and/or your spouse purchase this homestead? _____

What was the Purchase Price? \$ _____

Have improvements, additions, changes been made to this homestead in the past two years? _____

If yes, explain: _____

Is there a mortgage or land contract balance on the property? _____ If yes what is the payment amount? \$ _____

Does the payment include taxes or are they paid separately? Includes taxes Taxes are separate

What is the remaining amount due on the mortgage or land contract? \$ _____ When will it be paid off? _____

Are all outstanding taxes paid? _____ If no explain _____

Did you or your spouse seek property tax relief last year? _____

OTHER REAL ESTATE HOLDINGS:

Do you, your spouse, or any other person residing in the homestead have a financial interest in other real estate? _____

If yes, please provide the following information concerning that financial interest:

| Location - City & State | Tax ID Number of Property | Value of Property | Amount of Equity |
|-------------------------|---------------------------|-------------------|------------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

Other ASSETS AND INCOME DATA

List all sources of personal income. **Income includes all money coming into the household from any source or person.**

| Source | Annual Income | Source | Annual Income |
|----------------------|---------------|--------------------------------|---------------|
| Employment | \$ | Pension | \$ |
| Social Security | \$ | Unemployment Compensation | \$ |
| Workman's Comp | \$ | Welfare Assistance/Food Stamps | \$ |
| A.D.C. | \$ | Alimony | \$ |
| Interest & Dividends | \$ | Child Support | \$ |
| Insurance | \$ | Gifts/Other | \$ |

HOUSEHOLD INCOME

List the total income for each person residing in the household. Attach additional sheets if necessary.

| Name | Total Income 2010 | Total Income 2009 |
|--------------|-------------------|-------------------|
| Petitioner | \$ | \$ |
| Spouse | \$ | \$ |
| Other Person | \$ | \$ |
| Other Person | \$ | \$ |

ASSETS - List all assets: *Must be completed:*

| | | Other - Describe | Net Value |
|--------------------|----|------------------|-----------|
| Cash | \$ | | |
| Savings Account(s) | \$ | | \$ |
| Checking Account | \$ | | \$ |
| Stocks & Bonds | \$ | | \$ |
| Certificates | \$ | | \$ |
| Insurance | \$ | | \$ |
| Other | \$ | | \$ |

VEHICLES - List vehicles(s) members of the homestead own / drive. Include leased vehicles.

| Driver Owner | Year | Make | Model |
|--------------|------|------|-------|
| | | | |
| | | | |
| | | | |

Do you anticipate any major changes in income for the coming year? _____

If yes, explain: _____

EXPENSES

Monthly Household:

| | | | | | |
|-----------------|----|-------------|----|----------|----|
| House Payment | \$ | Water/Sewer | \$ | Electric | \$ |
| Heating Gas/Oil | \$ | Telephone | \$ | Cable TV | \$ |

MONTHLY MEDICAL EXPENSES:

| Person Name | Relationship | Hospital | Doctor | Prescriptions |
|-------------|--------------|----------|--------|---------------|
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |

PERSONAL DEBTS:

| Person or Company | Purpose of Debt | Date Debt Incurred | Original Amount of Debt | Monthly Payment | Balance Remaining |
|-------------------|-----------------|--------------------|-------------------------|-----------------|-------------------|
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |

Do you expect to sell the homestead for which property tax relief is being sought in the next year? _____

Applicant's Certification

I am (We are) unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I have read this application and fully understand the contents thereof. I (we) declare that the statements made herein are complete, true and correct to the best of my (our) knowledge. I (we) further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability. I (we) further understand that if this application is incomplete or I (we) fail to include all sources of income this application will not be considered by the Board of Review and that I (we) conform to the attached income and asset guidelines.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

Green Charter Township

Poverty Exemption Appeals (2011)

Instructions for Poverty Exemption Application

To be considered for a poverty exemption, the following steps must be followed:

1. Complete an application in full. Please return to the Assessing Department at least one week prior to the Board of Review meeting that you plan to attend. Applications are available from the Assessing Department. Please stop by the office or call 231/796-6201 to request a form be mailed to you.

2. A copy of the following must be completed and signed in ink:

- * Previous year's Federal Income Tax Returns (1040)
- * Previous year's Michigan Income Tax Returns (MI-1040)
- * Previous year's Principal Residence Property Tax Credit Form (MI-1040CR)

If your application does not include copies of the above documents, it may be considered incomplete, and therefore ineligible for a Poverty Exemption.

3. Appear before the Board of Review by making an appointment. Please call the Assessor's Office at 231/796-6201 for a date and time to appear before the board of review.

Physically challenged or infirmed applicants may call the Assessor's Office to make necessary arrangements for assistance by calling 231/796-6201.

Poverty Exemption as defined by the Michigan Compiled Laws is as follows:

Section 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 exempt from taxation in whole or part from taxation under this act.

Please be aware that as an applicant for Poverty Exemption, you must also comply with the following sections of the Michigan Compiled Laws:

Section 211.116 Perjury: Any person who, under any of the proceedings required or permitted by this act shall willfully swear falsely, will be guilty of perjury and subject to its penalties.

If you have any questions regarding the above contact the Assessing Department at 231/796-6201.

Guidelines for granting of poverty exemptions from property taxes pursuant to MCL 211.7u and establishing beginning date for the Board of Review

At a regular meeting of the Board of Trustees of the Charter Township of Green, County of Mecosta, State of Michigan, held on June 14, 2011, the following Guidelines were moved, supported and adopted.

P.A. 390 of 1994, which amended Section 7u of Act 206 of the Public Acts of 1893, as amended by Act 313 of the Public Acts of 1993, being Section 211.7u of the Michigan Compiled Laws, requires the governing body of the assessing unit to determine and make available to the public the policy and guidelines for the granting of poverty exemptions under MCL 211.70;

To be eligible for a poverty exemption pursuant MCL 211.7u in the Township of Green, a person must be the owner and must occupy the property as a homestead, as defined, for which the exemption is requested; file a completed application; file copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit forms and/or Statement of benefits Paid from Michigan Department of Social Services or Social Security Administration; meet local (Green Township) poverty income standards;

- that the applicant must have an annual adjusted income less than the amounts show in Attachment A;
- that the applicant's assets level, excluding the homestead and minimum land building requirements, a automobile (valued \$20,000 or less), and/or other assets may not exceed \$12,000;
- that a property exemption may be granted for only one year at a time;
- that for the 2011 tax year the Green Township Board of Review will begin its proceedings on Monday, March 14, 2011;
- that the board of review shall request identification of the applicant and/or proof of ownership of the homestead under consideration for poverty exemption;
- that the board of review may request from the applicant any supporting documents which may be utilized in determining a poverty exemption request;
- that the completed poverty exemption application must be filed after January 1, but before the day prior to the last day of the board of review in the year for which exemption is sought;
- that the board of review shall administer an oath wherein the applicant testifies as to the accuracy of the information provided;
- that the board of review may deviate from the established policy and guidelines only for substantial and compelling reasons. The applicant will be notified, in writing, the reasons for deviating from the policy and guidelines for poverty exemption;

Adopted June 14, 2011 by Green Charter Township Board

Attachment A

Poverty Guidelines for 2011 Tax Year
Family Unit Adjusted Income

| | |
|-------------------|----------|
| Family of 1 | \$14,560 |
| Family of 2 | \$19,600 |
| Family of 3 | \$24,640 |
| Family of 4 | \$29,680 |
| Family of 5 | \$34,720 |
| Family of 6 | \$39,760 |
| Family of 7 | \$44,800 |
| Family of 8 | \$49,840 |
| Additional Person | \$5,040 |