

INSTRUCTIONS FOR POVERTY EXEMPTION
City of Coopersville

The Application for One Year Poverty Exemption is in keeping with the requirements of the State of Michigan with regard to poverty exemptions. **Please read these instructions carefully.** To be considered for a poverty exemption, the following information must be provided.

1. **COMPLETE ALL SECTIONS OF THIS APPLICATION**
2. Submit completed and signed copies of the following forms from the immediately preceding year: Michigan Homestead Property Tax Credit Claim (MI 1040 CR). - Federal income Tax Return (1040), if you are required to file federal income tax. - Federal Income Tax Return (1040) for all other occupants of your home. -Income verification - Copy of driver license -Copy of deed
3. If an occupant of your home is not employed but has income from another source, you must show the income on your application.
4. The application must be legible. If you need to provide additional information, please attach a separate sheet do not write in the margins of the application.
5. Do not submit originals of supporting documentation as we must keep these for our records and cannot return them.
6. If the application is incomplete or you do not include copies of the required financial documents, it may be considered ineligible for a poverty exemption.

RETURN THE APPLICATION AND REQUIRED DOCUMENTATION AS SOON AS POSSIBLE TO ALLOW TIME FOR IT TO BE REVIEWED BEFORE IT IS SUBMITTED TO THE MARCH BOARD OF REVIEW.

Filing of this form is necessary to determine if you qualify for a Homestead Poverty exemption. The following questions are necessary in order to determine poverty status and asset status. You are required to answer each question. If you do not answer each question, sufficient information will not be available to grant an exemption.

**CITY OF COOPERSVILLE
HOMESTEAD POVERTY APPLICATION**

I _____, the owner and occupant of the property listed below, am applying for tax relief under MCL 211.7u of the General Property Tax Act, which states that the homestead of persons who, in the judgment of the Assessor and the Board of Review, by reason of poverty, are unable to contribute to the public charges is eligible for exemption in whole or part from taxation under Public Act 390, 1994.

Parcel Number: _____

Property Address: _____

1. Attached federal and state income tax return for all persons residing in the homestead, including any property tax credit returns filed in the immediately preceding year or in the current year. YES or NO
2. Attached copy of valid drivers license. YES or NO
3. Attached copy of deed, land contract, or other evidence of ownership of the property for which the exemption is requested. YES or NO
4. Do you meet the federal poverty income standards as defined and determined annually by the United States Department of Health and Human Services. YES or NO (See attachment A)
5. State Equalized Value of property for which the exemption is requested is _____.
The average true cash value of all homestead properties in the city, based on the previous year's values is _____.
6. Phone () _____

7. Marital Status: _____
8. Age of Applicant: _____ Age of Spouse: _____
9. Number of Dependents _____ Age of Dependents _____
10. Have you applied for a Principal Residence Exemption from some school operating expense (18 mills)? YES or NO
11. Have you applied for Homestead Property Tax Credit this Year? YES or NO
12. How much was your Property Tax Credit? _____
13. Real Estate: Is home paid for _____ Unpaid balance _____
 Name of Mortgage Company _____
 Monthly Payment _____
14. How long have you lived at this residence? _____
15. Do you own, or are you buying other property? _____
 If so, list below:

PROPERTY ADDRESS	NAME OF OWNER	ASSESSED VALUE	AMOUNT & DATE OF LAST TAXES PAID

16. Income earned from above property _____
17. Name of Employer _____
 Address _____
 Phone: () _____
18. If unemployed, state reason: _____

19. List all household income including government pensions, claims, judgments from lawsuits, and any other source. Be sure to include both spouses' income. If your household income is more than the Federal Poverty Income Standards (attachment A), you are not eligible for a credit.

SOURCE OF INCOME	ANNUAL INCOME
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.	
Capital gains less capital losses.	
Alimony and other taxable income. Describe:	
Social Security, SSI or railroad retirement benefits.	
Child support.	
Unemployment comp. and TRA benefits.	
Other non-taxable income. Describe:	
Workers' comp., veterans' disability compensation and pension benefits.	
ADC and other DSS benefits.	
TOTAL INCOME	

20. SAVINGS AND INVESTMENTS: List all savings owned by you or your spouse, including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds or similar investments.

NAME OF FINANCIAL INSTITUTION OR INVESTMENTS	AMOUNT ON DEPOSIT	NAME ON ACCOUNT	VALUE OF INVESTMENT

21. LIFE INSURANCE: List all policies held by you and your spouse.

INSURED	AMOUNT OF POLICY	AMOUNT PAID MONTHLY	PAID UP POLICY	NAME OF BENEFICIARY	RELATIONSHIP TO INSURED

22. MOTOR VEHICLES IN HOUSEHOLD:

MAKE	YEAR	MONTHLY PAYMENT	BALANCE OWED

23. LIST ALL PERSONS LIVING IN HOUSEHOLD:

LAST NAME	FIRST NAME	AGE	RELATIONSHIP TO CLAIMANT	PLACE OF EMPLOYMENT	CONTRIBUTION TO FAMILY INCOME

24. PERSONAL DEBTS:

CREDITOR	PURPOSE OF DEBT	DATE OF DEBT	ORIGINAL BALANCE	MONTHLY PAYMENT	BALANCE OWED

25. MONTHLY EXPENSES:

UTILITIES _____ FOOD _____ PHONE _____

CLOTHING _____ HEAT _____ CAR EXPENSE _____

OTHER (Specify): _____

26. OTHER ASSETS: List all other assets and their values that are owned or controlled by you. (For example, boats, coin collection, antiques, silver).

TYPE OF ASSET	VALUE	OWNER

This application must be returned before the day prior to the last day of the Board of Review _____.

Address: _____

===== For
BOARD OF REVIEW use: Disposition by Board of Review Date _____

Denied: _____ Approved: _____ Assessment reduced to _____

Chairperson _____ 2nd Member _____ 3rd Member _____

Decisions may be appealed to Michigan Tax Tribunal.

To be completed by Assessing staff.

Poverty Calculation Form

Applicant _____

Parcel Number _____

Property Address _____

Annual Income _____

X 3.5% = _____

Divide by Homestead millage _____ = _____
(Poverty Value)

Staff Notes:

_____ Documentation Complete

_____ Documentation Incomplete

Staff Recommendation

_____ Approved _____ Denied

Staff Date

Assessor's Review & Comments

_____ Approved _____ Denied

Assessor Date

**ATTACHMENT A
FEDERAL POVERTY GUIDELINES FOR 2016 ASSESSMENTS**

The following are federal poverty guidelines for use in setting poverty exemption guidelines for 2018 assessment.

Size of Family Unit	Poverty Guidelines
1	\$ 12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320
For each additional person, add	\$ 4,180