

INSTRUCTIONS FOR POVERTY EXEMPTION

City of Coopersville

Pursuant to the State of Michigan General Property Tax Act P.A. 206 of 1893 as amended under statute 711.7u, the following policy for applicants requesting consideration for poverty exemptions will be followed.

1. **COMPLETE ALL SECTIONS OF THE APPLICATION**
2. Submit completed and signed copies of the following forms from the immediately preceding year for all persons residing in the principal residence:
 - a. Federal Income Tax Return (1040), if you are required to file federal income tax or form 4988-Poverty Exemption Affidavit (Attachment B).
 - b. Federal Income Tax Return (1040).
 - c. Michigan Income Tax Return (MI 1040).
 - d. Michigan Homestead Property Tax Credit Claim (MI 1040 CR).
3. Copy of driver license.
4. Copy of deed or land contract for your residence.
5. If an occupant of your home is not employed but has income from another source, you must show the income on your application.
6. Applicants will not be eligible for consideration if they do not meet the current Federal Poverty Guidelines or if the applicants combined household assets are in excess of \$25,000, excluding their primary residence.
7. Do not submit originals of supporting documentation as we must keep these for our records and cannot return them.
8. 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.
9. If the application is incomplete or you do not include copies of the required financial documents, it may be denied.
10. All applications are requested to be filed with the Assessing Office beginning January 1st and no later than the day prior to the last day of the board of review.
11. Application may be reviewed by the Board of Review without the applicant being present. However, the Board of Review may request that any or all applicants be physically present to respond to questions the Board of Review may have. This means the applicant may be called upon to appear on short notice.
12. All applications will be evaluated based on data submitted to the Board of Review by the Petitioner and may also include:
 - a. Testimony taken from the Petitioner.
 - b. Information gathered from any source the Board of Review may wish to use.

Filing of this form is required to petition the Board of Review for a Homestead Poverty Exemption. The application must be completed in its entirety to determine the specific income level and assets of the applicant and the total household income and assets. Failure to completely fill out application may be grounds for denial.

**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 206 of 1893, which states that the principle residence of persons who, in the judgment of the Supervisor/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 this act.

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 or completed form 4988-Poverty Exemption Affidavit (See attachment B). YES or NO
2. Attached copy of valid driver's 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. Phone () _____

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

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

18. List all household income including government pensions, claims, judgments from lawsuits, and any other source. Include income of all persons in the household. 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 minus 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 | |

19. **SAVINGS AND INVESTMENTS:** List all household savings and investments 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 |
|--|-------------------|-----------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

20. **LIFE INSURANCE:** List all policies held by persons in household.

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

21. **MOTOR VEHICLES IN HOUSEHOLD:**

| MAKE | YEAR | MONTHLY PAYMENT | BALANCE OWED |
|------|------|-----------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

22. **LIST ALL PERSONS LIVING IN HOUSEHOLD:**

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

23. PERSONAL DEBTS:

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

24. MONTHLY EXPENSES:

UTILITIES _____ FOOD _____ PHONE _____

CLOTHING _____ HEAT _____ CAR EXPENSE _____

OTHER (Specify): _____

25. OTHER ASSETS: List all other assets and their values that are owned or controlled by you. (Examples may include but limited to: second home, land, vehicles, boats, motor homes campers, ATV's, coin collections, artwork, antiques, jewelry).

| TYPE OF ASSET | VALUE | OWNER |
|---------------|-------|-------|
| | | |
| | | |
| | | |

This application must be filed after January 1 but before the day prior to the last day of the December Board of Review.

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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 _____

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 2020 ASSESSMENTS

The following are federal poverty guidelines for use in setting poverty exemption guidelines for 2020 assessment.

| Size of Family Unit | Poverty Guidelines |
|---------------------------------|--------------------|
| 1 | \$ 12,490 |
| 2 | \$16,910 |
| 3 | \$21,330 |
| 4 | \$25,750 |
| 5 | \$30,170 |
| 6 | \$34,590 |
| 7 | \$39,010 |
| 8 | \$43,430 |
| For each additional person, add | \$ 4,420 |

ATTACHMENT B

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 the 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 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.

I, _____, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence: _____

Signature of Person Making Affidavit

Date