



PETITION NO: \_\_\_\_\_

PARCEL ID NO. 14-- \_\_\_\_\_

**2020**

**APPLICATION FOR TAX EXEMPTION**  
(POVERTY- MCL 211.7u)

THIS APPLICATION MUST BE FILLED OUT AS CAREFULLY AND COMPLETELY AS POSSIBLE. A COPY OF YOUR CURRENT FEDERAL AND MICHIGAN INCOME TAX RETURNS, WITH THE PROPERTY HOMESTEAD CREDIT FORM, MUST BE SUBMITTED FOR PROPERTY TAX RELIEF.

ALL INFORMATION SUPPLIED WILL BE KEPT CONFIDENTIAL.

COMPLETED FORMS MUST ACCOMPANY ALL APPLICATIONS.

APPLICATIONS SUBMITTED WITHOUT COMPLETED FORMS OR INCOME TAX INFORMATION WILL NOT BE PROCESSED

PLEASE READ THE FOLLOWING APPLICATION CAREFULLY.

Public Act 390 of 1994, being Michigan Compiled Laws (MCL) 211.7u, has greatly modified the Poverty Exemption Procedure.

The following Poverty Exemption Guidelines Approved for use as the local standard by the Charter Township of Union Board of Trustee's on February 12, 2020

2020 Poverty Exemption Applications will be heard by Appointment Only on

**MARCH 9, 12, 19 2020**  
**WEDNESDAY JULY 15,**  
**2020**

**TUESDAY DECEMBER 8, 2020**

Applicants may request a closed hearing due to the confidential nature of their financial affairs, health, status, etc....

CHARTER TOWNSHIP OF UNION POVERTY  
EXEMPTION APPLICATION GUIDELINES and  
POLICY FOR APPLICANTS REQUESTING  
CONSIDERATION FOR POVERTY EXEMPTIONS

**IMPORTANT- PLEASE READ**

1. An applicant shall obtain the proper applications from the Township Assessor's Office. Persons with disabilities who need assistance to participate in Board of Review meetings may call the Assessing office to make necessary arrangements for assistance. (989-772-4600 Ext. 230). A 48-hour advance notice is necessary for accommodation.
2. An applicant shall meet all of the following qualifications:
  - a. Be the owner of and occupy as a homestead the parcel for which an exemption is requested.
  - b. Produce a valid driver's license or other form of identification if requested by the Township Assessor or Board of Review.
  - c. Produce a deed, land contract, or other evidence of ownership of the property, if requested by the Township Assessor or Board of Review.
  - d. Meet the Federal or Local Poverty Guidelines.

<u>Number of Persons Residing in Homestead</u>	Poverty Threshold
1 person	\$12,760
2 persons	\$17,240
3 persons	\$21,720
4 persons	\$26,200
5 persons	\$30,680
6 Persons	\$35,160
7 persons	\$39,640
8 persons	\$44,120
For each additional person, add	\$ 4,480

- e. Submit current year's copies of the following,
    - (1) Federal and State Income Tax Return- 1040, 1040EZ or 1040A.
    - (2) Senior Citizens Homestead Property Tax Form MI-1040CR-1.
    - (3) General Homestead Property Tax Claim MI-1040CR-4.
    - (4) Statement from the Social Security Administration.
    - (5) Statement from the Michigan Department of Social Services.
    - (6) All persons residing in the residence need to submit their information.
3. An applicant who is otherwise qualified shall not be granted exemption if the applicant owns any other parcel of real property, whether improved or not, in addition to his/her homestead dwelling.
4. Partial exemptions may be granted.

5. An applicant shall not be eligible for exemption if his/her assets exceed 30% of the value of the homestead.
6. No exemption shall be given unless applicant completely fills out an application form for the year in question and returns it, in person, (except as noted in Item 1, above) to the Township Assessor's Office. If a question or statement does not apply, "N/A," for not applicable, may be written in the appropriate space.
  - a. Application shall not be signed until returned to the Township Assessor's office.
  - b. Application shall be signed in the presence of a staff person of the Charter Township of Union who is a notary public or signed in the presence of the Township Assessor or Board of Review member.
  - c. All requested tax returns must be attached to the application upon return to the Township Assessor's office. Upon approval from the Township Assessor or Board of Review, last year's copies of 10A through E may be acceptable. Upon request of the Township Assessor and/or Board of Review, the applicant shall be requested to provide an official copy of taxes from the Department of Treasury.
7. All applications shall be filed with the Township Assessor's office after January 1<sup>st</sup> but before the day prior to the last day of the Board of Review.
8. The Township Assessor and Board of Review shall consider applications based on the above items and may approve an application if it agrees with the intent of the above items and applicable governing laws.
9. Applications may be reviewed by the Board of Review without the applicant being present. However, the Board of Review may request that an applicant be physically present to respond to any questions the Board of Review or Township Assessor may have. This means that the applicant could be called to appear on short notice, and be sworn in, under oath, considering laws of perjury.
10. The applicant may need to answer questions regarding his/her financial affairs, health, and the status of people living in applicant's home before the Board of Review at a meeting which is open to and may be attended by the public. A closed session shall be granted upon request.
11. Because of the availability of the Homestead property tax credit and other government assistance programs, a poverty exemption generally will not be given for more than three years for each ownership, provided, however, the Board of Review has the discretion to grant a poverty exemption for more than three years under the provisions of paragraph 12.
12. The Board of Review has the discretion to deviate from the policy and guidelines as set forth upon a showing of substantial and compelling reasons. Any deviation from the policy and guidelines, and the reasons for such deviation, shall be communicated in writing to the applicant.

Adopted by The Charter Township of Union Board of Trustees at the regular meeting of  
February 12, 2020

**CONFIDENTIAL**

Charter Township of  
Union  
Poverty Exemption  
Application

I, \_\_\_\_\_, being the owner and occupant of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act.

Please type or fill the application out in black or blue ink. If a question or statement does not apply, write in the appropriate area "N/A," (not applicable).

Have you applied for and/or received a Homestead Tax Exemption in previous years? Yes \_\_\_\_\_ No \_\_\_\_\_

		Exemption Received	
Year Applied	Year Received	Amount	Percentage

**SECTION 1 -APPLICANT**

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License Number or other form of identification \_\_\_\_\_

Marital Status: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages of Dependents: \_\_\_\_\_

Property Identification Number: 14- \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Current Assessment \_\_\_\_\_

**SECTION 2 – REAL ESTATE**

Are you (and/or spouse) the sole owner of the property for which the reduction is requested?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a mortgage or land contract outstanding on your property? Yes \_\_\_ No \_\_\_  
If so, what is your monthly mortgage or land contract payment?  
( ) With Taxes \_\_\_\_\_ ( ) Without Taxes \_\_\_\_\_

When will the mortgage or land contract be paid off? \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

What is the unpaid balance on the mortgage or land contract? \$ \_\_\_\_\_

Name of mortgage or land contract holder: \_\_\_\_\_

Do you use this property as your homestead? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you lived at this residence? \_\_\_\_\_

Do you own or are you buying any other property? \_\_\_\_\_

If so, list below:

Property Address	Name of Owner	Assessed Value	Amount and Date of Last Taxes Paid

Income earned from above property: \$ \_\_\_\_\_

### SECTION 3(A) -APPLICANT

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Age: \_\_\_\_\_

Employment Status:

- ( ) Employed Full-Time ( ) Disabled - How Long? \_\_\_\_\_  
( ) Employed Part-Time ( ) Retired - How Long? \_\_\_\_\_  
( ) Unemployed - How Long? \_\_\_\_\_ ( ) Other- Explain \_\_\_\_\_  
( ) Laid Off - How Long? \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Describe any disability or health problems you have. [OPTIONAL - Complete only to assist Board of Review if financial criteria not met.]

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Can this be documented by a doctor's statement? If yes, explain. [OPTIONAL - Complete only to assist Board of Review if financial criteria not met.]

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**SECTION 3(B)- OTHER PERSON LIVING AT THE PROPERTY** [Complete for each person living in household.]

Name \_\_\_\_\_ :- Social Security No. \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Employment Status:

- Employed Full-Time
- Employed Part-Time
- Unemployed - How Long? \_\_\_\_\_
- Laid Off- How Long? \_\_\_\_\_
- Disabled - How Long? \_\_\_\_\_
- Retired - How Long? \_\_\_\_\_
- Other- Explain \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of EmployerL \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Describe any disability or health problems you have. [OPTIONAL - Complete only to assist Board of Review if financial criteria not met.]

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Can this be documented by a doctor's statement? If yes, explain. [OPTIONAL - Complete only to assist Board of Review if financial criteria not met.]

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SECTION 4- LIST ALL INCOME: (Applicant and other person living in household)

SOURCE	MONTHLY AMOUNT	ANNUAL AMOUNT
WAGES/SALARY		
SOCIAL SECURITY/SSI		
PENSION or RETIREMENT		
INTEREST and/or DIVIDENDS		
RENTAL INCOME		
BUSINESS or ROYALTY INCOME		
DISABILITY PAYMENTS		
GENERAL ASSISTANCE/ADC		
ALIMONY		
CHILD SUPPORT		
UNEMPLOYMENT BENEFITS		
CLAIMS and/or JUDGMENTS FROM LAWSUITS		
INCOME FROM LAND CONTRACTS, ETC.		
OTHER INCOME FROM FAMILY		
WORKERS COMPENSATION		
OTHER:		
TOTAL PROJECTED INCOME FOR 2013		

SECTION 5- SAVINGS AND INVESTMENTS:

List all savings owned by applicant and 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 OF DEPOSIT	NAME OF ACCOUNT	VALUE OF INVESTMENT

SECTION 6- LIFE INSURANCE: List all policies held by applicant and spouse.

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

SECTION 7 - MOTOR VEHICLES IN HOUSEHOLD: (Licensed and/or unlicensed)

MAKE	YEAR	MONTHLY PAYMENT	BALANCE OWED

SECTION 8- LIST ALL PERSONS LIVING IN HOUSEHOLD:

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

SECTION 9 - OTHER ASSETS:

List all other assets and values that are owned or controlled by applicant. (For example, boats, coin collection, antiques, silver, etc.)

TYPE OF ASSET	VALUE	OWNER

SECTION 10- DEBTS:

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

MONTHLY EXPENSES: (Applicant and other persons living in household)

Utilities: \_\_\_\_\_ Food: \_\_\_\_\_ Phone: \_\_\_\_\_

Clothing: \_\_\_\_\_ Heat: \_\_\_\_\_ Car Expense: \_\_\_\_\_



Medical/Health: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

ATTACH CURRENT YEAR'S COPIES OF THE FOLLOWING FOR THE APPLICANT AND FOR ALL PERSONS LIVING IN HOMESTEAD IF APPLICABLE:

- A. FEDERAL AND STATE INCOME TAX RETURN -1040, 1040ez, OR 1040A.
- B. SENIOR CITIZENS HOMESTEAD PROPERTY TAX FORM MI-1040CR-1.
- C. GENERAL HOMESTEAD PROPERTY TAX CLAIM MI-1040CR-4.
- D. STATEMENT FROM THE SOCIAL SECURITY ADMINISTRATION.
- E. STATEMENT FROM THE MICHIGAN DEPARTMENT OF SOCIAL SERVICES.

REASON FOR REQUESTING EXEMPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (we) feel that payment of the full property taxes on the above-described property will place an unreasonable burden on my (our) personal finances. I (we) am (are) applying for property tax relief in accordance with Section 211.7u, Michigan Compiled Laws. I (we) have read this application and understand it. I {we) declare that the answers provided are complete, true, and correct to the best of my (our) knowledge. I (we) further understand that if any information given is found to be false or incomplete, or if the property is sold within the year, any relief granted by this application may be forfeited and placed back on the assessment roll with the possibility of penalties and/or interest. I (we) also understand that any relief granted by this application is for the **CURRENT YEAR ONLY**

**NOTICE: Any willful misstatements or misrepresentations made on this form may constitute perjury, which is a felony punishable by fine and/or imprisonment. Do not sign until witnessed by a Charter Township of Union office staff person; who is a notary public or the Township Assessor or a Board of Review member.**

STATE OF MICHIGAN     )  
  )ss  
COUNTY OF ISABELLA    )

The undersigned, being duly sworn, deposes and says that the statements made in the Application are true and that he/she has no money, income or property other than that mentioned.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 2020.

Township Assessor, Board of Review Member, or Notary Public  
Applications shall be returned before the day prior to the last day  
of the Board of Review.

Address: Charter Township of Union- Board of Review  
2010 S. Lincoln Road  
Mt. Pleasant, MI 48858  
(989) 772-4600

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FOR BOARD OF REVIEW USE

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Petition No. \_\_\_\_\_

Parcel No. \_\_\_\_\_

Disposition by Board of Review for a 2020 Poverty Exemption \_\_\_\_\_

Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Approved: \_\_\_\_\_ Assessment Reduced To: \_\_\_\_\_

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

Decisions may be appealed to: Michigan Tax Tribunal  
PO Box 30232  
611 W. Ottawa  
Lansing, MI 48909  
(517) 373-3003  
[www.michigan.gov/taxtrib](http://www.michigan.gov/taxtrib)

2020 Poverty Exemption  
Board of Review Worksheet

Petition No. \_\_\_\_\_

Parcel No. \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status       Married               Single               Widow  
                                  Divorced               Separated               Widower

Employment Status    Employed               Unemployed  
                                  Retired                   Disabled

Health Problems \_\_\_\_\_

Numbers of Dependents, \_\_\_\_\_ House Payment, \_\_\_\_\_  With Taxes

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Proposed 2020 Assessed Value	_____
Total Projected Income	_____
Est. Tax Bill (TV x .              ) Township	_____
Non-refundable (Income x rate)	_____
Net Property Tax Liability	_____
Percentage of Income	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ASSESSOR/PUBLIC ACT 390 OF 1994

