

OFFICE USE ONLY (Date Stamp)

City of Birmingham

**2025**

Poverty/Hardship  
Exemption  
Application



**BIRMINGHAM**

A WALKABLE CITY

OFFICE USE ONLY

NAME:

PARCEL NUMBER:

## **POLICY AND GUIDELINES FOR THE GRANTING OF POVERTY EXEMPTIONS**

MCL 211.7u, as amended by Public Act 253 of 2020, provides that:

- (I) The principal residence of person who, in the judgement of the board of review, by reason of poverty, is unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation under this (General Property Tax) act.

The following policy and guidelines have been adopted by the Birmingham City Commission to govern the granting of hardship exemptions:

### **APPLICATION PROCEDURE**

1. Eligibility and Application. To be eligible for a hardship exemption the applicant must be both the taxpayer and a natural person (i.e., not a corporation, trust or other business association or entity) and must do all of the following on an annual basis:
  - A. Be an owner of and occupy as a homestead the property for which an exemption is requested. "Principal residence" means principal residence or qualified agricultural property as those terms are defined in MCL 211.7dd.
  - B. File with the City Assessor a completed Hardship Exemption Application on a form provided by the City Assessor's office. The applicant must include with the application a copy of all of the previous year's income tax returns that the applicant was required to file (Federal Income Tax Return, Michigan Income Tax Return and the Michigan Property Tax Credit Form, Social Security Statement, etc.) and copies of year-end financial/investment statements if any interest income is reported on the application or on the applicant's income tax filings. Copies of the previous year's income tax returns must be supplied for all persons living in the subject residence. All new applicants and other applicants, when requested by the Board, must provide copies of all income tax filings for the three previous years.
  - C. Produce a valid driver's license or other acceptable form of identification if requested by the Assessor or Board of Review.
  - D. Produce a deed, land contract or other evidence of ownership of the property for which an exemption is requested if required by the Assessor or Board of Review.
2. Filing Period: Appearance. Fully completed Hardship Exemption Applications with required supporting information will be accepted after January 1, through the day prior to the last meeting of the March Board of Review. The filing of a completed Hardship Exemption application with required supporting information shall constitute an appearance before the Board of Review for the purpose of preserving the applicant's right to appeal the decision of the Board of Review to the Michigan Tax Tribunal.

## EVALUATION PROCEDURE

1. Meetings. Meetings of the Board of Review and Assessor relative to hardship exemption applications shall be held in compliance with the Michigan Open Meetings Act.
2. Applicant's Presence. The Board of Review may request an applicant to personally appear before the Board to respond to any questions the Board or Assessor may have.
3. Investigation. Applicants for hardship exemption may be investigated by the City in order to verify information submitted or statements made to the Assessor or Board of Review.

4. Oath. Applicants appearing before the Board shall be administered an oath, as follows:

Do you swear or affirm that information and testimony you will give before the Board of Review is the truth, the whole truth, and nothing but the truth.

5. Criteria for Determining Exemption. The Board shall consider the following three (3) criteria to determine whether a full or partial hardship exemption should be granted:

A. Income. The total income of the applicant and each member of the applicant's household shall not exceed the prior year's Federal Poverty Income Standards, as defined and determined annually by the U.S. Department of Health and Human Services under authority of Section 673 of subtitle V of title VI of the Omnibus Budget Reconciliation Act of 1981, Public law 97-35, 42 U.S.C. 9902, multiplied by 2.5.

1. Income shall include, but not be limited to, the following:
  - a. Money wages and salaries before any deductions;
  - b. Net receipts from self-employment;
  - c. Distributions or income from partnerships, limited liabilities companies, or corporations, whether or not taxable;
  - d. Tax exempt income received including, but not limited to, interest income, disability income, social security or SSL;
  - e. Regular payments from Social Security, Railroad Retirement, unemployment compensation, strike benefits from union funds, workers compensation, veterans payments or any type of public assistance;
  - f. Alimony, child support, and military family allotments or other regular support from an absent family member for someone not living in the household. For example, periodic gifts to assist the applicant or the applicant's household shall be included in income;
  - g. Private pensions, government employee pensions (including military retirement pay), regular insurance or annuity payments;
  - h. College or university scholarships, grants or fellowships;
  - i. Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, net lottery winnings and net gambling winnings;

and

- j. Payments made to a third party to or for the benefit of the applicant or a member of the applicant's household.

2. Income shall not include any of the following:

- a. Money received from the sale of property, such as stocks, bonds, house, car, unless the applicant or a member of the applicant's household is in the business of selling such property;
- b. Withdrawals of bank deposits;
- c. Borrowed monies;
- d. Income tax refunds;
- e. One time payouts from insurance companies;
- f. Losses including, but not limited to, capital losses or business losses.
- g. Gifts and/or inheritances, unless the purpose of such gift and/or inheritance, as determined by the Board of Review, is to assist in the support of the applicant or the applicant's household.

B. Assets. The total value of the assets of the applicant and each member of the applicant's household shall not exceed \$150,000. The assets of each member of the applicant's household shall be examined to determine whether there are assets which can reasonably be invested, sold or used to pay the property taxes. If the assets are of a nature and value which reasonably indicates that a condition of hardship does not exist, then a hardship exemption shall be denied.

- 1. The total value of the assets shall include: Gifts, inheritances, one-time payouts from insurance companies and money received from the sale of property, such as stocks, bonds, house, car, (unless the applicant or a member of the applicant's household is in the business of selling such property), shall be included as assets of the applicant and /or members of the applicant's household.
- 2. If the applicant and/or members of the applicant's household shall transfer assets to another for less than full and adequate consideration in money or money's worth within sixty (60) months from date of the application for exemption, such exemption shall be denied. Such transfer shall include, but not be limited to, giving up all or partial ownership in an asset, selling an asset, giving an asset away, refusing or disclaiming a gift or inheritance, or giving up the right to receive income. Such transfers shall not include transfers in the amount of \$100 or less.

C. Contribution From Other Sources. If the Board of Review determines the applicant does or reasonably should receive contribution towards taxes from other sources, such as from a trust, inheritance, co-owner, relative, dependent, friend or other source, the Board may consider the amount of such contribution as an addition to the applicant's income and if the resulting sum exceeds the Income Standard in Paragraph A., above, then a hardship exemption shall be denied.

6. Granting of Exemption. If the Board of Review determines that an applicant:

- A. Does not have income in excess of the total income allowed under paragraph 5(A).
- B. Does not receive or reasonably expect to receive contribution toward taxes from other sources under paragraph 5(C),  
Then, the Board of Review shall grant a full exemption equal to a 100% reduction in the applicant's taxable value for subject property or a partial exemption for the subject property equal to a 25%, 50%, or 75% reduction in taxable value as determined by the board of review.
- C. Public Act 253 of 2020 and Public Act 191 of 2023 amended MCL 211.7u related to poverty exemptions. These acts list the specific percentage reductions in taxable value that may be used by the Board of Review in granting a poverty exemption.

MCL 211.7u(5) states that if a person claiming the poverty exemption meets all eligibility requirements, the Board of Review shall grant the poverty exemption, in whole or in part, as follows:

- 1) A full exemption equal to a 100% reduction in taxable value
- 2) A partial exemption equal to a 75% reduction in taxable value
- 3) A partial exemption equal to a 50% reduction in taxable value
- 4) A partial exemption equal to a 25% reduction in taxable value

No other method of calculating taxable value may be utilized, except for those percentage reductions specifically authorized in statute, or any other percentage reduction approved by the State Tax Commission.

The following depicts the taxable value reduction granted to the eligible applicant for 2025 poverty exemptions:

| Household size | Income (federal limit) | 100% Taxable Value exemption | 75% Taxable Value exemption | 50% Taxable Value exemption | 25% Taxable Value exemption |
|----------------|------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1              | \$37,650               | \$0 to \$9,413               | \$9,414 to \$18,825         | \$18,826 to \$28,238        | \$28,239 to \$37,650        |
| 2              | \$51,100               | \$0 to \$12,775              | \$12,776 to \$25,550        | \$25,551 to \$38,325        | \$38,326 to \$51,100        |
| 3              | \$64,550               | \$0 to \$16,138              | \$16,139 to \$32,275        | \$32,276 to \$48,413        | \$48,414 to \$64,550        |
| 4              | \$78,000               | \$0 to \$19,500              | \$19,501 to \$39,000        | \$39,001 to \$58,500        | \$58,501 to \$78,000        |
| 5              | \$91,450               | \$0 to \$22,863              | \$22,864 to \$45,725        | \$45,726 to \$68,588        | \$68,589 to \$91,450        |
| 6              | \$104,900              | \$0 to \$26,225              | \$26,226 to \$52,450        | \$52,451 to \$78,675        | \$78,676 to \$104,900       |
| 7              | \$118,350              | \$0 to \$29,588              | \$29,589 to \$59,175        | \$59,176 to \$88,763        | \$88,764 to \$118,350       |
| 8              | \$131,800              | \$0 to \$32,950              | \$32,951 to \$65,900        | \$65,901 to \$98,850        | \$98,851 to \$131,800       |

*Additional person: \$13,450*

***Failure to meet the Income Guideline, Asset Guideline, or submission of an incomplete application will result in a denial of the poverty exemption.***

- 7. Deviation From Policy and Guidelines. The Board of Review shall follow the policy and guidelines set forth herein for granting or denying a hardship.



*Treasurer/Assessor Department*

**Declaration of Hardship and Request for Tax Relief Application**  
As of December 2024

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Property ID Number: \_\_\_\_\_

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

**APPLICANT INFORMATION**

Name of Owner and Co-owners: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

| <b>Marital Status</b>              | <b>Number of Years</b> |
|------------------------------------|------------------------|
| <input type="checkbox"/> Married   | _____                  |
| <input type="checkbox"/> Divorced  | _____                  |
| <input type="checkbox"/> Widowed   | _____                  |
| <input type="checkbox"/> Separated | _____                  |
| <input type="checkbox"/> Single    | _____                  |

**EMPLOYMENT STATUS**

|                          |                                                                |
|--------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> | Disabled - No. of Years _____                                  |
| <input type="checkbox"/> | Do you qualify for disability benefits? Yes or No (Circle one) |
| <input type="checkbox"/> | Employed Full-time                                             |
| <input type="checkbox"/> | Employed Part-time                                             |
| <input type="checkbox"/> | Retired - No. of Years _____                                   |
| <input type="checkbox"/> | Unemployed- No. of Years _____                                 |
| <input type="checkbox"/> | Laid-off - No. of Years _____                                  |
| <input type="checkbox"/> | Other                                                          |

Occupation: \_\_\_\_\_  
(If employed)

Employer: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

**EMPLOYMENT STATUS – SPOUSE**

|                          |                                                                |
|--------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> | Disabled - No. of Years _____                                  |
| <input type="checkbox"/> | Do you qualify for disability benefits? Yes or No (Circle one) |
| <input type="checkbox"/> | Employed Full-time                                             |
| <input type="checkbox"/> | Employed Part-time                                             |
| <input type="checkbox"/> | Retired - No. of Years _____                                   |
| <input type="checkbox"/> | Unemployed- No. of Years _____                                 |
| <input type="checkbox"/> | Laid-off - No. of Years _____                                  |
| <input type="checkbox"/> | Other                                                          |

Occupation: \_\_\_\_\_  
(If employed)

Employer: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

## **SUBSTANTIAL AND COMPELLING REASONS**

In the space below list any substantial and compelling reasons you feel the Board should consider during the evaluation of this petition (example: documented disability or health problems).

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## **GENERAL INFORMATION**

What year did you purchase this property? \_\_\_\_\_

Are you and/or your spouse the sole owners of the subject property? ☐ Yes ☐ No

If no, list all owners and their percentage of ownership: \_\_\_\_\_

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Purchase Price: \$\_\_\_\_\_ Monthly Payment: \$\_\_\_\_\_

Total unpaid balance of mortgage/land contract as of 12/31/24 \_\_\_\_\_

\$ Number of years remaining on the mortgage/land contract \_\_\_\_\_

Are your property taxes paid? ☐ Yes ☐ No

Did you apply for poverty exemption last year? ☐ Yes ☐ No

List all persons living in the household other than yourself and spouse.

|                              | <b><u>#1</u></b>      | <b><u>#2</u></b>      | <b><u>#3</u></b>      |
|------------------------------|-----------------------|-----------------------|-----------------------|
| <b>Name:</b>                 |                       |                       |                       |
| <b>Age:</b>                  |                       |                       |                       |
| <b>Relationship:</b>         |                       |                       |                       |
| <b>Occupation</b>            |                       |                       |                       |
| <b>Annual Income:</b>        |                       |                       |                       |
| <b>Claimed as Dependent?</b> | Yes _____<br>No _____ | Yes _____<br>No _____ | Yes _____<br>No _____ |
| <b>Heir to Estate?</b>       | Yes _____<br>No _____ | Yes _____<br>No _____ | Yes _____<br>No _____ |

Have any improvements, changes or additions been made to the property in the last (2) years? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Do you anticipate selling the homestead property for which relief is sought in the next year? ☐ Yes ☐ No Explain: \_\_\_\_\_

Does anyone contribute to your support? ☐ Yes Amount \$ \_\_\_\_\_  
☐ No Explain: \_\_\_\_\_

Is anyone able to contribute to your support? ☐ Yes ☐ No  
 Explain: \_\_\_\_\_

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### **INCOME AND ASSETS**

Please list all sources of your personal income. Please indicate the amount from each source on an **annual** basis.

|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| 1. Salaries, wages, tips and other employee compensation (include strike, sick and sub pay)   | \$ |
| 2. All dividends and interest (including US state and municipal bond interest)                |    |
| 3. Net rent, royalty, business, gambling or lottery income                                    |    |
| 4. Annuity and pension benefits; Name of Payer: _____                                         |    |
| 5. Net farm income                                                                            |    |
| 6. All Capital gains less capital losses                                                      |    |
| 7. Alimony and other taxable income; Describe: _____                                          |    |
| 8. Social Security, supplemental income (SSI) or railroad retirement benefits                 |    |
| 9. Child Support                                                                              |    |
| 10. Unemployment compensation and trade readjustment allowance (TRA) benefits                 |    |
| 11. Worker's compensation, veteran's disability compensation and pension benefits             |    |
| 12. ADC, GA or emergency Assistance benefits                                                  |    |
| 13. All other public assistance payments (food stamps, fuel assistance, etc.) Describe: _____ |    |
| 14. Other non-taxable income<br>Describe: _____                                               |    |
| <b>TOTAL INCOME:</b>                                                                          | \$ |

What was the total income from all sources of everyone living in your household for the past two (2) years?

Last Year: \_\_\_\_\_ Prior Year: \_\_\_\_\_

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

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

### **Investments**

On spaces below, list all stocks, bonds, mortgages, land contracts, annuities, U.S. Savings Bonds or any other investment you, the co-owner or any member of your household has.

| Description of Investment | Present Value | Income Earned Last Year |
|---------------------------|---------------|-------------------------|
|                           | \$            | \$                      |
|                           |               |                         |
|                           |               |                         |
|                           |               |                         |

### **Real Estate**

Do you have an ownership interest in any other real estate in Michigan or anywhere else?

☐ Yes ☐ No

If yes, please list all property owned in full or part by you, the co-owner or any member of your household. Do not list property this application is being applied for:

| Address of Property | Purchase date & price | Market Value | S.E.V. | Income Received |
|---------------------|-----------------------|--------------|--------|-----------------|
|                     |                       | \$           | \$     | \$              |
|                     |                       |              |        |                 |
|                     |                       |              |        |                 |
|                     |                       |              |        |                 |

### **Life Insurance Policies**

In the spaces below, list all the insurance policies held by you, the co-owner, or any member of the household.

| <b>Insured</b> | <b>Amount of Policy</b> | <b>Amount Paid Monthly</b> | <b>Cash Value of Policy</b> | <b>Name of Beneficiary</b> | <b>Relationship to Insured</b> |
|----------------|-------------------------|----------------------------|-----------------------------|----------------------------|--------------------------------|
|                | \$                      | \$                         | \$                          |                            |                                |
|                |                         |                            |                             |                            |                                |
|                |                         |                            |                             |                            |                                |
|                |                         |                            |                             |                            |                                |

### **Motor Vehicles**

In the spaces below, list all automobiles, motorcycles, trucks, off-the-road vehicles, etc. owned by you, the co-owner or any member of the household.

| <b>Make &amp; Model</b> | <b>Year</b> | <b>Current Value</b> | <b>Balanced Owed</b> |
|-------------------------|-------------|----------------------|----------------------|
|                         |             |                      | \$                   |
|                         |             |                      |                      |
|                         |             |                      |                      |
|                         |             |                      |                      |

### **Asset Summary**

What are your current assets in addition to the real estate noted previously?

|                                                                                                    |    |
|----------------------------------------------------------------------------------------------------|----|
| Cash                                                                                               | \$ |
| Savings Accounts/Certificates & Money Markets                                                      | \$ |
| Checking Accounts                                                                                  | \$ |
| Stocks/Bonds/Treasury Bills                                                                        | \$ |
| Insurance                                                                                          | \$ |
| Other                                                                                              | \$ |
| Investments                                                                                        | \$ |
| IRA, Keogh Annuities, Deferred Compensation                                                        | \$ |
| Personal Property held as an investment (i.e., gems, jewelry, coin collection, antique cars, etc.) | \$ |

## **EXPENSES**

AVERAGE **MONTHLY** EXPENSES:

|                                                                                  |    |
|----------------------------------------------------------------------------------|----|
| Land Contract or Mortgage payment for homestead only<br>(principal and interest) | \$ |
| Life Insurance                                                                   | \$ |
| Health Insurance                                                                 | \$ |
| Home Insurance                                                                   | \$ |
| Auto Insurance                                                                   | \$ |
| Taxes (homestead)                                                                | \$ |
| Taxes on other property                                                          | \$ |
| Car Payment                                                                      | \$ |
| Special Assessment                                                               | \$ |
| Utilities: Gas/Oil                                                               | \$ |
| Electricity                                                                      | \$ |
| Telephone                                                                        | \$ |
| Water/Sewer                                                                      | \$ |
| Child Care                                                                       | \$ |
| Food/Clothing                                                                    | \$ |
| Other loans                                                                      | \$ |
| Medical (not covered by insurance)                                               | \$ |
| Lawn care/snow removal                                                           | \$ |
| Cable                                                                            | \$ |
| Other (specify)                                                                  | \$ |

### **VERIFICATION OF EXPENSES MAY BE REQUIRED**

Do you have any major or unusual expenses?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following are federal poverty guidelines X 2.5 for use in setting poverty exemption guidelines for 2025.

| <b>Size of Family Unit</b>                  | <b>Poverty Guidelines</b> |
|---------------------------------------------|---------------------------|
| 1                                           | \$37,650                  |
| 2                                           | \$51,100                  |
| 3                                           | \$64,550                  |
| 4                                           | \$78,000                  |
| 5                                           | \$91,450                  |
| 6                                           | \$104,900                 |
| 7                                           | \$118,350                 |
| 8                                           | \$131,800                 |
| Add this amount for each additional person. | \$13,450                  |

**CITY OF BIRMINGHAM  
BOARD OF REVIEW  
POVERTY EXEMPTION CLAIM  
WAIVER OF CONFIDENTIALITY**

**Parcel Number :** \_\_\_\_\_

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

I, \_\_\_\_\_, hereby consent to the examination of copies of my tax returns and related financial documents, including but not limited to those listed below, as requested by the members of the City of Birmingham Board of Review.

Federal Income Tax Return  
Michigan Income Tax Return  
W-2 or 1099 Forms  
Senior Citizens Homestead Property Tax Form MI-1040CR -lr  
General Homestead Property Tax Claim MI-1040CR - 4  
Statement from Social Security Administration and/or  
Michigan Social Services

Furthermore, I consent to the discussion of the information contained in my tax returns and related financial documents at a duly convened public meeting of the City of Birmingham Board of Review. By signing this Waiver of Confidentiality, I understand and acknowledge that I am forever giving up any and all possible claims I may have relative to the disclosure of information contained in said tax returns and related financial documents, which claims may arise pursuant to Internal Revenue Code Section 6103, and/or any other federal, state, or local statute or regulation.

I have read this document in its entirety and sign this document of my own free will.

Signature: \_\_\_\_\_  
Property Owner & Primary Applicant

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_  
Co-resident of Property

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_  
Co-resident of Property

Dated: \_\_\_\_\_

**ADDITIONAL INFORMATION**

With this application you will need to submit last year's copies of the following applicable documents for yourself, the co-owner, and every member of the household.

1. Federal, State and City Income Tax Returns - 1040 or 1040A and any schedules
2. Michigan Homestead Property Tax Credit Claim MI-1040CR
3. Valid driver's license or other acceptable form of identification if requested by the Assessor or Board or Review
4. Produce a deed, land contract or other evidence of ownership of the property for which an exemption is requested if required by the Assessor or Board of Review.

**PLEASE READ CAREFULLY**

**I (We) am/are unable to pay the full property taxes on the above described property and hereby make application for property tax relief due to poverty in accordance with Section 211.7u Michigan Compiled Laws.**

**I (We) have read this application and fully understand the contents thereof.**

**I (We), \_\_\_\_\_, being duly sworn, depose and state under the penalties for perjury, that the information contained in this petition and my (our) financial condition as above stated is true and correct and to the best of my (our) knowledge and belief.**

**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 in accordance with Section 211.119 Michigan Compiled Laws.**

Applicant's Signature: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County, Michigan

My Commission Expires: \_\_\_\_\_

## 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.

|                                                                             |                 |                                          |                             |
|-----------------------------------------------------------------------------|-----------------|------------------------------------------|-----------------------------|
| Petitioner's Name:                                                          |                 | Daytime Phone Number:                    |                             |
| Age of Petitioner:                                                          | Marital Status: | Age of Spouse:                           | Number of Legal Dependents: |
| Property Address of Principal Residence:                                    |                 | City:                                    | State: ZIP Code:            |
| <input type="checkbox"/> Check if applied for Homestead Property Tax Credit |                 | Amount of Homestead Property Tax Credit: |                             |

### PART 2: REAL ESTATE INFORMATION: 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.

|                                             |                  |                                   |  |
|---------------------------------------------|------------------|-----------------------------------|--|
| Property Parcel Code Number:                |                  | Name of Mortgage Company:         |  |
| Unpaid Balance Owed on Principal Residence: | Monthly Payment: | Length of Time at this Residence: |  |
| Property Description:                       |                  |                                   |  |

### PART 3: ADDITIONAL PROPERTY INFORMATION: List information related to any other property owned by you or any member residing in the household.

|                                                                                                                      |                   |                                              |                                                |
|----------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Check if you own, or are buying, other property. If checked, complete the information below |                   | Amount of Income Earned from Other Property: |                                                |
| 1                                                                                                                    | Property Address: | City:                                        | State: ZIP Code:                               |
|                                                                                                                      | Name of Owner(s): | Assessed Value:                              | Date of Last Taxes Paid: Amount of Taxes Paid: |
| 2                                                                                                                    | Property Address: | City:                                        | State: ZIP code:                               |
|                                                                                                                      | Name of Owner(s): | Assessed Value:                              | Date of Last Taxes Paid: Amount of Taxes Paid: |

**PART 4: EMPLOYMENT INFORMATION:** List your current employment information.

|                      |                            |        |           |
|----------------------|----------------------------|--------|-----------|
| Name of Employer:    |                            |        |           |
| Address of Employer: | City:                      | State: | ZIP Code: |
| Contact Person:      | Employer Telephone Number: |        |           |

**PART 5: INCOME SOURCES:** List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income, for all persons residing at the property.

| Source of Income | Monthly or Annual Income<br>(indicate which) |
|------------------|----------------------------------------------|
|                  |                                              |
|                  |                                              |
|                  |                                              |

**PART 6: CHECKING, SAVINGS AND INVESTMENT INFORMATION:** List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for all persons residing at the property.

| Name of Financial Institution or Investments | Amount of Deposit | Current Interest Rate | Name on Account | Value of Investment |
|----------------------------------------------|-------------------|-----------------------|-----------------|---------------------|
|                                              |                   |                       |                 |                     |
|                                              |                   |                       |                 |                     |
|                                              |                   |                       |                 |                     |

**PART 7: LIFE INSURANCE:** List all policies held by all household members.

| Name of Insured | Amount of Policy | Monthly Payments | Policy Paid in Full | Name of Beneficiary | Relationship to Insured |
|-----------------|------------------|------------------|---------------------|---------------------|-------------------------|
|                 |                  |                  |                     |                     |                         |
|                 |                  |                  |                     |                     |                         |
|                 |                  |                  |                     |                     |                         |

**PART 8: MOTOR VEHICLE INFORMATION:** All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.

| Make | Year | Monthly Payment | Balance Owed |
|------|------|-----------------|--------------|
|      |      |                 |              |
|      |      |                 |              |

**PART 9: HOUSEHOLD OCCUPANTS:** List all persons living in the household.

| First and Last Name | Age | Relationship to Applicant | Place of Employment | \$ Contribution to Family Income |
|---------------------|-----|---------------------------|---------------------|----------------------------------|
|                     |     |                           |                     |                                  |
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|                     |     |                           |                     |                                  |

**PART 10: PERSONAL DEBT:** List all personal debt for all household members.

| Creditor | Purpose of Debt | Date of Debt | Original Balance | Monthly Payment | Balance Owed |
|----------|-----------------|--------------|------------------|-----------------|--------------|
|          |                 |              |                  |                 |              |
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**PART 11: MONTHLY EXPENSE INFORMATION:** The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.

|                         |                         |                                  |                         |
|-------------------------|-------------------------|----------------------------------|-------------------------|
| Heating                 | Electric                | Water                            | Phone                   |
| Cable                   | Food                    | Clothing                         | Health Insurance        |
| Garbage                 | Daycare                 | Car Expenses (gas, repair, etc.) |                         |
| Other (type and amount) | Other (type and amount) |                                  | Other (type and amount) |
| Other (type and amount) | Other (type and amount) |                                  | 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 12: 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.

|                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**PART 13: 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 the property taxes pursuant to Michigan Compiled Law, Section 211.7u. |           |          |
| Printed Name                                                                                                                                                                                                                 | Signature | Date     |
| <br><br>                                                                                                                                                                                                                     | <br><br>  | <br><br> |

**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.**

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**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  
P● Box 30232  
Lansing MI 48909

Phone: 517-335-9760  
E-mail: [taxtrib@michigan.gov](mailto: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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                         |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------|----------|
| <b>PART 1: OWNER INFORMATION</b> — Enter information for the person owning and occupying the residence.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                         |          |
| Owner Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | Owner Telephone Number                                  |          |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City | State                                                   | ZIP Code |
| <b>PART 2: LEGAL DESIGNEE INFORMATION</b> (Complete if applicable.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                         |          |
| Legal Designee Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | Daytime Telephone Number                                |          |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City | State                                                   | ZIP Code |
| <b>PART 3: HOMESTEAD PROPERTY INFORMATION</b> — Enter information for property in which the exemption is being claimed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                         |          |
| City or Township (check the appropriate box and enter name)<br><input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | County                                                  |          |
| Name of Local School District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                         |          |
| Parcel Identification Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | Year(s) Exemption Previously Granted by Board of Review |          |
| Homestead Property Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City | State                                                   | ZIP Code |
| <b>PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS</b> (Check all boxes that apply.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                         |          |
| <input type="checkbox"/> I own the property in which the exemption is being claimed.<br><br><input type="checkbox"/> The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.<br><br><input type="checkbox"/> After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or I receive a fixed income solely from public assistance that is not subject to significant annual increases beyond the rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits. |      |                                                         |          |
| <b>PART 5: CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                         |          |
| I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive an exemption from property taxes by reason of poverty pursuant to Michigan Compiled Law, Section 211.7u.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                         |          |
| Owner or Legal Designee Name (print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | Signature of Owner or Legal Designee                    | Date     |
| <b>Designee must attach a letter of authority.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                         |          |
| <b>LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                         |          |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Attach appeal instructions and provide to owner.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | Tax Year(s) exemption will be posted to tax roll        |          |
| <b>CERTIFICATION</b> — I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                         |          |
| Assessor Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | Date Certified by Assessor                              |          |