

OFFICE USE ONLY (Date Stamp)

City of Bloomfield Hills

2026

Poverty/Hardship
Exemption Application

OFFICE USE ONLY

NAME:

PARCEL NUMBER:

MEMORANDUM



TO: Mayor and City Commission
FROM: Amy Burton, Assistant City Manager / City Clerk
SUBJECT: Poverty Exemption Resolution, Application and Policy
DATE: March 6, 2026

Under Michigan law (MCL 211.7u), the Board of Review may grant a poverty exemption to eligible taxpayers experiencing financial hardship. The City Commission is required to establish the specific eligibility criteria and procedures by adopting a resolution. These adopted guidelines ensure that the Board of Review applies the exemption consistently, fairly, and in accordance with statutory requirements, while also providing transparency to taxpayers seeking relief.

City Attorney Roberts and our Assessor, Oakland County Equalization, have reviewed and support the attached resolution, policy, and standards to ensure compliance with state law.

STATE OF MICHIGAN
COUNTY OF OAKLAND
CITY OF BLOOMFIELD HILLS

RESOLUTION TO ESTABLISH AND ADOPT THE CITY OF BLOOMFIELD HILLS POVERTY EXEMPTION
POLICY AND GUIDELINES

At the regular meeting of the Bloomfield Hills City Commission, Oakland County, Michigan, held on the _____, at the City Hall, 45 East Long Lake Road, Bloomfield Hills, Michigan 48304-2322 the following Resolution was offered by Commissioner _____ and supported by Commissioner _____

WHEREAS, persons who in the judgment of the Board of Review by reason of poverty, are unable to contribute to the public charge, are eligible for exemption in whole or in part from property taxation under Public Act 390 of 1994 (MCL 211.7u); and

WHEREAS, pursuant to MCL 211.7u(2)(e) the adoption of guidelines to establish poverty exemptions is within the purview of the City Commission; and

WHEREAS, the City Commission does establish and adopt the City of Bloomfield Hills Poverty Exemption Policy and Guidelines as presented and attached to this Resolution.

NOW THEREFORE, BE IT RESOLVED by the City Commission of the City of Bloomfield Hills that the City Commission establishes and adopts the City of Bloomfield Hills Poverty Exemption Policy and Guidelines which is attached to this Resolution and incorporated herein.

BE IT FURTHER RESOLVED, that this resolution is hereby given immediate effect and will stay in effect for subsequent years until amended or voided.

Ayes:
Nays:
Absent:
Abstentions:

STATE OF MICHIGAN)
) ss.
COUNTY OF OAKLAND)

I, Amy Burton, the duly qualified and appointed City Clerk of the City of Bloomfield Hills, Oakland County, Michigan, do hereby certify that the foregoing is a true and complete copy of the Resolution adopted by the City Commission of the City of Bloomfield Hills at a duly called meeting held on the _____, the original of which is on file in my office.

IN WITNESS WHEREOF, I have hereunto affixed my official signature this _____ day of _____ 2026.

AMY BURTON, City Clerk

CITY OF BLOOMFIELD HILLS POVERTY EXEMPTION

POLICY AND GUIDELINES

A. POLICY

The Bloomfield Hills Board of Review shall analyze all properly submitted applications for Poverty Exemptions, according to amended P.A. 390 of 1994, section 211.7u of the Michigan Compiled Laws (MCL) and P.A. 253 of 2020. Every taxpayer will be treated the same, and the items to be considered and the manner in which they will be analyzed are listed under the following guidelines.

B. APPLICATION GUIDELINES

1. For a Poverty Exemption the applicants must own and occupy the property as their principal residence. (Otherwise known as Primary, Permanent, Homestead, Household)
2. Required documents include **prior year's** Federal and Michigan Income Tax Returns along with a filed MI-1040CR, Homestead Property Tax Credit Claim. These returns are required to be eligible for a poverty exemption. For those persons residing in or on the subject property who are not required to file Federal or State Income Tax Returns, said persons may file an affidavit with the City indicating they are not required to file said tax returns; however, the owner of the subject property must file said tax returns with the City.
3. Income and Asset information includes all members of the household. Information regarding exemptions for dependents, elderly and disabled obtained from the Federal and Michigan Income Tax Returns will be noted. Suggested Asset and Income sources:

Income - includes but is not limited to the following:

- a. Employment
- b. Pensions
- c. Social Security
- d. Unemployment Compensation
- e. Worker's Compensation
- f. General Assistance
- g. Aid to Dependent Children
- h. Alimony
- i. Interest
- J. Dividends
- k. Child Support
- l. Insurance
- m. Gifts, Cash, Loan, Etc.
- n. Other

Note: Payments provided through the Holocaust Restitution Program are exempt income in determining eligibility for a Poverty Exemption. Please also note that monies/credits received pursuant to MCL 206.520 (Homestead Property Tax Credit) is not income for purposes of MCL 211.7u.

Assets - includes but is not limited to the following:

- a. Cash
- b. Checking/Savings Account
- c. Stocks/Bonds
- d. IRK/Keogh Annuities and Certificates of Deposit
- e. Deferred Compensation
- f. Investments
- g. Money Markets
- h. Vehicles (such as Cars, Trucks, SUVs) other than First Initial Vehicle
 1. Insurance
- J. Gifts/Cash
- k. Real Estate other than Principal Residence
- l. Personal property
- m. Recreational Vehicles and Recreational Equipment
- n. Boats, Jet Skis and other similar Aquatic Vehicles

C. BE IT FURTHER RESOLVED, that the applicant's total household income, cannot exceed the prior year poverty income figure, as reported by household size, in the "Federal Poverty Guidelines" updated annually in the Federal Register by the U.S. Department of Health and Human Services. (Income requirement)

D. EVALUATION PROCEDURE

1. Application may be reviewed by the March Board of Review without the applicant being present. However, the Board may request that an applicant or their representative be available to respond to any questions the Board may have. Board of Review meeting schedules will be made available to the applicants.

2. If requested, the applicant should be prepared to answer questions regarding their financial affairs, health, the status of people living in their home, etc.
3. The Board of Review will follow the approved policy and guidelines to determine eligibility and the amount of the exemption.
4. A majority of the Board of Review must agree as to the disposition of the poverty claim for the exemption to be granted.
5. All information is subject to verification.
6. The City will keep minutes of all proceedings before the Board of Review. All meetings are to be held in a municipal building.
7. A person filing a poverty exemption claim may also appeal the same parcel's assessment before the current March Board of Review.
8. The Board of Review shall follow the policy and guidelines of the City of Bloomfield Hills in granting or denying an exemption under this section. Pursuant to P.A. 253 of 2020, the Board of Review may only grant exemptions as follows:
(1) 100% reduction to taxable value, (2) 75% reduction to taxable value, or (3) 50% reduction to taxable value, or (4) 25% reduction to taxable value, or (5) any other percentage reduction to taxable value approved by the State tax Commission.

E. INCOME AND ASSET TESTS

1. Income Test: An applicant must meet the City of Bloomfield Hills Poverty Gross Income as set forth in Section C.
2. Asset Test: The asset threshold for an applicant in the City of Bloomfield Hills shall be assets not exceeding a value of \$25,000 for one person living in the residence, or \$35,000 for two or more people living in the residence.

The review process may require additional information to determine eligibility.

**CITY OF BLOOMFIELD HILLS GUIDELINES BASED ON THE
FEDERAL POVERTY GUIDELINES**

2026 FEDERAL POVERTY GUIDELINES

US Department of Health & Human Services

STC Bulletin 15 of 2025

Size of Family Unit	Income Limit Federal Poverty Guidelines	Asset Limit
1	\$15,650	\$25,000
2	\$21,150	\$35,000
3	\$26,650	\$35,000
4	\$32,150	\$35,000
5	\$37,650	\$35,000
6	\$43,150	\$35,000
7	\$48,650	\$35,000
8	\$54,150	\$35,000
For each additional person	\$5,500	\$35,000 MAX

Application and Affirmation 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 where the property is located in each year on or after January 1 but before the day prior to the last day of the board of review. Poverty Exemptions may be heard by the Board of Review during its March, July, and December sessions.

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
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 Identification Number		Name of Mortgage Company		
Unpaid Balance Owed on Principal Residence	Monthly Payment	Length of Time at this Residence		
Property Description				
PART 3: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (Check all boxes that apply.)				
<input type="checkbox"/> I own the property in which the exemption is being claimed.				
<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.				
PART 4: 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

Continue on Page 2

PART 5: EMPLOYMENT INFORMATION — List your current employment information.

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

PART 6: 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 (indicate which)

PART 7: 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 on Deposit	Current Interest Rate	Name on Account	Value of Investment

PART 8: 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 9: 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

Continue on Page 3

PART 10: HOUSEHOLD OCCUPANTS — List all persons living in the household.

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

PART 11: PERSONAL DEBT — List all personal debt for all household members.

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

PART 12: 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 Expense (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)	

Continue and sign on Page 4

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 13: 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.

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 14: LEGAL DESIGNEE INFORMATION (Complete if applicable.)

Legal Designee Name		Daytime Telephone Number	
Mailing Address	City	State	ZIP Code

PART 15: 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 property taxes pursuant to Michigan Compiled Law, Section 211.7u.

Printed Name	Signature	Date
--------------	-----------	------

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.

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 30 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal
 PO Box 30232
 Lansing MI 48909

Phone: 517-335-9760
 Email: taxtrib@michigan.gov

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 an 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 principal 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 the 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

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 an 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 principal 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 the 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