

GAINES CHARTER TOWNSHIP

POVERTY EXEMPTION APPLICATION

I, _____, am the owner and resident of the property listed below, am applying for tax relief for tax year _____ under MCL 211.7u of the Michigan General Property Tax Act, Public Act 206 of 1893. (The principal residence of persons who, in the judgment of the assessor and Board of Review, by reason of poverty are unable to contribute toward the public charges, is eligible for exemption in whole or in part from taxation under this act.)

Name of Applicant: _____ Age of Applicant: _____

Name of Spouse: _____ Age of Spouse: _____

Parcel Number: _____ Principal Residence Exemption % _____

Property Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

List all persons living in household below:

Name	Relationship to Applicant	Age	Occupation

TOTAL NUMBER OF PERSONS LIVING IN HOUSEHOLD: _____

INCOME

State Law now requires that claimants under MCL 211.7u submit copies of "Federal and State Income Tax returns for all persons residing in the Homestead including any property tax credit returns, filed in the immediately preceding year or in the current year." Submit these documents with this application.

Name of employer: _____ Length of time employed _____

Address: _____

Phone number: _____ Gross monthly income: _____

List **all** other sources of income from Social Security, rent(s), pension(s), unemployment compensation, disability, government pension(s), retirement account, workers' compensation, dividend(s), claim(s), and judgments from lawsuits, alimony, child support and any other source, including regular, recurrent payments from non-household members. Periodic payments from non-household members do not include sporadic payments or gifts.

Please list all sources of your personal income on a MONTHLY basis.	Applicant	Spouse	Other
Wages/Tips	\$	\$	\$
Social Security	\$	\$	\$
Social Security for resident minors	\$	\$	\$
Pensions	\$	\$	\$
Interest (taxable & non-taxable)/Dividends	\$	\$	\$
Annuities	\$	\$	\$
Unemployment/Workers Compensation	\$	\$	\$
Aid to Dependent Children	\$	\$	\$
Medical Disability Benefits	\$	\$	\$
Government Assistance	\$	\$	\$
Insurance/Lawsuit Payouts	\$	\$	\$
Child Support/Alimony	\$	\$	\$
Family Support/Gifts	\$	\$	\$
Rental Income	\$	\$	\$
Food Stamps			

Other Income (please explain in detail): _____

List **all** income from dependents or others living in household below:

Name	Source of Income	Monthly or Annual Amount

TOTAL ANNUAL HOUSEHOLD INCOME: _____

ASSETS

REAL ESTATE: Is home paid for? _____ Unpaid balance _____

Name of mortgage company _____ Monthly payment _____

How long have you lived in this residence? _____

Do you own or are you purchasing other property? _____

If so, list below:

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

Amount of income earned from above properties: _____

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

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

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

Insured	Amount of Policy	Amount Paid Monthly	Name of Beneficiary	Relationship to Insured

MOTOR VEHICLES IN HOUSEHOLD: List all titled and non-titled motor vehicles in household including cars, trucks and recreational vehicles (i.e., boats, motorcycles, R.V.'s, travel trailers, jet skis, snow mobiles, ATV's, etc.) as well as recreation vehicles.

Make	Year	Value	Monthly Payment	Balance Owed

OTHER ASSETS: List all other assets and their values that are owned or controlled by you. (i.e: coins, silver, guns, jewelry, antiques)

Type of Asset	Value	Income Derived from Asset	Owner

LIABILITIES AND EXPENSES

MONTHLY EXPENSES: Please list all sources of household expenses on a **MONTHLY** basis. House Payment (principal & interest)

Child Care/Day Care	\$
Taxes on other property	\$
Special Assessments	\$
Home Insurance	\$
Car Payment 1st car	\$
Car Payment 2nd car	\$
Auto Insurance	\$
Health Insurance (include prescription coverage)	\$
Medical Bills (not covered by insurance)	\$
Prescriptions (not covered by insurance)	\$
Cell Phone	\$
Cable/Satellite	\$
Internet	\$

Utilities: gas, electric, water	\$
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Other (specify)

PERSONAL DEBTS:

Creditor	Type of Expense	Monthly Payment	Balance Owed

OTHER INFORMATION AND COMMENTS

Use the space below to explain any hardships or provide further information that you feel would assist the Board of Review Members in reaching a decision for this request.

NOTICE: Any willful misstatements or misrepresentations made on this form may constitute perjury, which under the law, is a felony punishable by fine or imprisonment.

NOTICE: The applicant must supply a copy of the immediately preceding year's income tax return (MI-1040), Homestead Property Tax Credit claim (MI-1040CR 1, 2, 3, or 4), and any W-forms or 1099 forms for all persons residing in the principal residence. If State and Federal income tax returns were not required, an affidavit (Form 4988) must be attached for all other persons residing in the home.

NOTICE: Do not sign this application until witnessed by the Assessor, Board of Review, or a Notary Public.

**STATE OF MICHIGAN
COUNTY OF KENT**

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

Petitioner's signature(s)

Petitioner's signature(s)

Subscribed and sworn this _____ day of _____, 20_____.

Signature
Public

Title: _____
Assessor, Board of Review Member, Notary

****This application shall be filed after January 1st and before the day prior to the last day of the Board of Review. Decisions regarding this application can be appealed to the Michigan Tax Tribunal.**

BOARD OF REVIEW USE ONLY

Parcel Number: _____ Address: _____

Disposition by Board of Review Dated _____

Denied: _____

Approved: _____

Assessment reduced to: _____ Taxable Value _____

Chairperson _____ Second Member _____

Third Member _____ Secretary _____