



POVERTY EXEMPTION APPLICATION CONFIDENTIAL INFORMATION

Year: _____

Petition #: _____

Parcel #:74-20- _____

In order to be considered complete, this application must:

- 1) Be completed in its entirety;
- 2) Include a copy of last years State and Federal income tax returns, with the Michigan Property Homestead Credit form (MI-CR) for each person residing within the household or contributing to the homestead; *and*
- 3) Include all required documentation as listed in the guidelines and within this application.

PLEASE WRITE LEGIBLY AND ATTACH ANY ADDITIONAL PAGES AS NECESSARY.

PETITIONER INFORMATION:

Applicant: _____ Co-Owner: _____

Date of Birth: _____ Date of Birth: _____

Phone: Home: (_____) _____ Home: (_____) _____

Work: (_____) _____ Work: (_____) _____

Cell: (_____) _____ Cell: (_____) _____

Other contact information, if any: _____

Property Address: _____

How long have you lived at the above address? _____ Parcel #:74-20- _____

Marital Status: Married Divorced Widowed Separated Single Number of Years: _____

PETITIONER EMPLOYMENT STATUS:

Employed: Full-time Part-time Employer: _____

Date of Hire: _____ Occupation: _____

Retired: Date retired: _____ Employer: _____

Laid-off: Date last worked: _____ Employer: _____

Possible return date: _____

Not Working: How long? _____ Reason: _____

Disabled: Number of years? _____

Describe any/all disabilities or health problems: _____

SPOUSE OR CO-OWNER STATUS, if applicable:

Employed: Full-time Part-time Employer: _____

Date of Hire: _____ Occupation: _____

Retired: Date retired: _____ Employer: _____

Laid-off: Date last worked: _____ Employer: _____

Possible return date: _____ _____

Not Working: How long? _____ Reason: _____

Disabled: Number of years? _____

Describe any/all disabilities or health problems: _____

RESIDENT INFORMATION:

List **ALL people**, not listed above, living in your household. (Attach additional sheet if necessary)

	1	2	3	4	5
Full Name					
Age					
Relationship					
Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Occupation					
Annual Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Do they contribute to the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, how much?	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Does **any other person** (not listed above) make a financial contribution to the household? No **If Yes, complete below**

Person's name: _____ Monthly contribution: \$ _____

Person's name: _____ Monthly contribution: \$ _____

PROPERTY FOR EXEMPTION:

Are you and/or your spouse/co-owner the sole owners of the property? Yes **If No, complete below**

List all owners and their percentage of ownership: _____

When did you and/or your spouse/co-owner purchase this property? _____

Is the home paid in full? Yes **If No, complete below**

Number of years remaining on the mortgage or land contract: _____ Balance:\$ _____

Are taxes included in this payment? Yes No Monthly payment:\$ _____

Do you owe any delinquent mortgage payments? Yes No Amount:\$ _____

Do you owe any delinquent taxes? No **If Yes, complete below**

List all years delinquent: _____ Total Amount:\$ _____

Have any improvements, changes, or additions been made to the property in the last two (2) years? No **If Yes, complete below**

Describe: _____

Are there any changes, repairs, and/or improvements that need to be made to the property? No **If Yes, complete below**

Describe: _____

OTHER REAL ESTATE HOLDINGS:

Do you, your spouse/co-owner, or any other person residing in the household have a financial interest in other real estate? No **If Yes, complete below**

Location- City & State	Tax I.D # of property	Value of Property	Amount of Equity
		\$	\$
		\$	\$
		\$	\$

ASSET INFORMATION:

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

Cash: \$ _____ CD's, Money Markets:\$ _____

Checking accounts: \$ _____ Stocks, Bonds, Treasury Bills:\$ _____

Savings accounts: \$ _____ Investments, IRA, Retirement:\$ _____

Other, Describe: _____ \$ _____

ASSET INFORMATION, continued:

List **ALL** vehicles in household (whether paid-in-full, or not) including cars, trucks and recreational vehicles, boats, motorcycles, motor homes, travel trailers, jet skis, snow mobiles, ATV's, golf carts, etc. Attach additional pages if necessary.

	1	2	3	4	5
Make:					
Model:					
Year:					
Value:	\$	\$	\$	\$	\$
Balance:	\$	\$	\$	\$	\$

INCOME INFORMATION:

Please list all sources of your personal income. Please indicate the amount from each source on a **MONTHLY** basis:

Employment wages/salaries/tips/etc.: \$ _____ Disability/Veterans disability/workers compensation:\$ _____

Unemployment compensation: \$ _____ Child support/alimony/other taxable income:\$ _____

Social Security/SSI: \$ _____ ADC/WIC/food stamps/bridge card/etc.:\$ _____

All other public assistance, Describe: _____ \$ _____

Tax refunds (Federal, State, and Michigan Income Tax Credits): \$ _____

All interest and dividend income (including non-taxable interest): \$ _____

Net rent, business/royalty, or net farm income: \$ _____

Retirement pension and annuity benefits, From: _____ \$ _____

Other income, Describe: _____ \$ _____

Do you anticipate any major changes in income for the coming year? No **If Yes, complete below**

If yes, please explain: _____

EXPENSE INFORMATION:

Average **MONTHLY**

Average **ANNUALLY**

House payment (principle & interest):	\$ _____	\$ _____
Property taxes for primary residence:	\$ _____	\$ _____
Property taxes on other property:	\$ _____	\$ _____
House insurance:	\$ _____	\$ _____
Car payment:	\$ _____	\$ _____
Auto insurance:	\$ _____	\$ _____
Gas/heat:	\$ _____	\$ _____
Electricity:	\$ _____	\$ _____
Water/sewer:	\$ _____	\$ _____
Cell phone:	\$ _____	\$ _____
Telephone, internet, cable:	\$ _____	\$ _____
Child care/daycare:	\$ _____	\$ _____
Child support:	\$ _____	\$ _____
Health insurance, life insurance:	\$ _____	\$ _____
Medical bills not covered by insurance:	\$ _____	\$ _____
Prescriptions not covered by insurance:	\$ _____	\$ _____
Other expenses, specify below:	\$ _____	\$ _____

i.e., lawn care, snow removal, license plates, etc.: _____

Have your expenses significantly changed in the last year? No **If Yes, complete below**

If yes, please explain: _____

Do you receive assistance or are household expenses paid for by another party? No **Yes. Complete below AND provide a letter of explanation from the party including exactly what is paid, when, and how much.**

If yes, please explain: _____

DEBT INFORMATION:

Please list any outstanding loans, credit cards, and/or personal debts. (Attach additional sheet if necessary)

TO WHOM/CREDITOR NAME	FOR WHAT	MONTHLY PAYMENT	BALANCE
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

VERIFICATION OF INCOME AND EXPENSES IS REQUIRED:

- LAST THREE MONTHS PAY STUBS
- LAST THREE MONTHS BANK STATEMENTS
- COPIES OF RECEIPTS
- COPIES OF BILLS
- COPIES OF CANCELLED CHECKS
- ANY OTHER INFORMATION YOU CAN SUPPLY THAT WILL VERIFY THE INCOME AND EXPENSES PREVIOUSLY STATED.

Please add any other information that you feel is important to this application: _____

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

Notice: Per MCL 211.7u(2b), a copy of all household members Federal income tax returns, State income tax returns (MI-1040) and Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3, or 4) must be attached as proof of income. Documentation for all income sources including but not limited to, credits, claims, Social Security income, child support, alimony income, and all other income sources must be provided at the time of application.

PLEASE READ CAREFULLY:

Please initial **EACH** statement:

- _____/_____/ I/We have read this application and fully understand the contents.
- _____/_____/ I/We declare that the statements made herein are complete, correct and true to the best of my knowledge.
- _____/_____/ I/We understand this application is for exemption for the current tax year only.
- _____/_____/ I/We have received a copy of and understand the Hardship Guidelines.
- _____/_____/ I/We hereby authorize the Fort Gratiot Charter Township to verify and or obtain information from any creditor, financial institution, government agency, insurance company or any other organization necessary for the purpose of this application of hardship for the current tax year
- _____/_____/ I/We understand that the Board of Review may request that I/We or our authorized agent to be physically present at the meeting in order to answer questions regarding this application.
- _____/_____/ I/We also understand that this application will be **denied or revoked** if the information contained in this application is found to be false or incomplete.

If any Applicant, Spouse, Co-owner, or Occupant does not file Income Tax Returns, please complete the following:

If the Michigan Treasury Department indicates a filing status other than what is stated in this Application, exemption will be denied. Failure to complete this form will also result in denial of this application.

I/ We do hereby release the State of Michigan to share with Fort Gratiot Township Assessor's Office information concerning my/our Michigan Tax Return filing status for the current year and one year prior, if available. Copies of income tax returns are required by State Law for the processing of Applications for Poverty Property Tax Exemption. Lack of tax return information may negatively influence the Board of Review with the respect to this application.

I/We understand that failure to file an Income Tax return may result in lack of assistance from the State of Michigan including possible help with home heating, property taxes, and prescription drugs.

SIGNATURE	PRINTED NAME	REASON FOR NOT FILING	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____