

**WATERFORD TOWNSHIP - _____ BOARD OF REVIEW
POVERTY EXEMPTION APPLICATION**

FOR OFFICE USE ONLY:

Date: _____ Parcel No. _____ Petition No. _____
Assessed Value: _____ Taxable Value: _____

(1) OWNER INFORMATION

Name: _____ Date of Birth: _____
Property address for which relief is being sought: _____
How many years have you resided at this address: _____
Phone No.: Home - _____ Cell - _____

Have you applied for MI Homestead Property Tax Credit? [] Yes [] No (if yes, please attach)

Marital Status

[] Married _____ yrs. [] Separated _____ yrs. [] Single _____
[] Widowed _____ yrs. [] Divorced _____ yrs.

Petitioner Employment Status:

[] Disabled – No. of years _____
[] Do you qualify for disability benefits? _____
[] Employed full-time? _____
[] Employed part-time? _____
[] Retired – No. of years _____
[] Unemployed – No. of years _____
[] Laid-off – No. of years _____
[] Other _____

Spouse/Co-Owner Employment Status:

[] Disabled – No. of years _____
[] Do you qualify for disability benefits? _____
[] Employed full-time? _____
[] Employed part-time? _____
[] Retired – No. of years _____
[] Unemployed – No. of years _____
[] Laid-off – No. of years _____
[] Other _____

Occupation: _____
(if employed)

Occupation: _____
(if employed)

Employer: _____
Address: _____
Telephone No.: _____

Employer: _____
Address: _____
Telephone No.: _____

Describe any disability or health problems:

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(2) INCOME INFORMATION

All of the below are considered forms of income. Please list all sources of your monthly income. Include all taxable and nontaxable income.

		MONTHLY INCOME
Wages, Salaries, Tips, etc.	\$	ENTER MONTHLY INCOME TOTAL \$ _____
Rental/Land Contract Income		
Pensions		
Social Security Benefits		
S.S.I. Benefits		
Public Assistance Payments (food stamps, etc.)		
Unemployment Compensation		
Disability Benefits (other than SSI)		
Worker's Compensation		
Alimony/Child Support		
Monies Received from Lawsuit Settlements		
<i>Other Income or Financial Assistance of any Kind (Specify the Source)</i>		

(3) Does anyone (family, organization, etc.) contribute to your support? Yes No
 If yes, please explain: _____
 Estimated Contributions: \$ _____

(4) RESIDENT STATUS

Please list all people currently living in your household other than yourself and spouse:

	1	2	3	
Name				ENTER ANNUAL INCOME TOTAL
Age				
Relationship				
Occupation				
Annual Income	\$ _____	\$ _____	\$ _____	\$ _____
Claimed as Dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(5) INCOME SUMMARY

What was the **Total Income** from all sources, including everyone living in your household?

Last Year \$ _____

Prior Year \$ _____

(6) ASSET INFORMATION

What are your current assets in addition to the real estate noted previously on page 2?

ASSETS

Cash	\$	ENTER TOTAL ASSETS \$ _____
Checking Accounts		
Saving Accounts/Certificates of Deposit/Money Market Accounts		
Stocks/Bonds/Treasury Bills/Mutual Funds		
IRA's/Keoghs/Annuities/401k's/Deferred Compensation Plans		
Life Insurance (Cash Value)		
Vacation Property/Rental Property/Co-Owner's Home		
Personal Property Held as an Investment (i.e., jewelry, coins, etc.)		
Other		

Cars/Boats/RV's/etc.	#1	#2	#3
Make/Model			
Year			
Estimated Value	\$	\$	\$
Balance Owed	\$	\$	\$

(7) AVERAGE MONTHLY EXPENSES

What are the current expenses in your household? Enter the average monthly payment.

MONTHLY PAYMENT

Mortgage Payment or Land Contract payment(s)	\$	ENTER MONTHLY TOTAL EXPENSES \$ _____
Property Taxes		
Car/Boat/Recreational Vehicles/Etc. Payment(s)		
Medical Bills/Prescriptions (not covered by insurance)		
Utilities: Gas/Oil		
Electricity		
Telephone		
Water/Sewer		
Cable (Dish, Direct, Internet, Other)		
Trash Pickup		
Health Insurance		
Life Insurance		
Homeowner's Insurance		
Auto Insurance		
Alimony/Child Care		
Credit Cards		
Loans		
Lawn Care/Snow Removal		
Food/Clothing/Other		

(8) Do you have any major or unusual expenses? Yes No

If yes, please explain: _____

Estimated Expenses: \$ _____

(9) MORTGAGE INFORMATION

Purchase Date: _____ Amount Paid: \$ _____
Mortgage/Land Contract Balance: \$ _____ Monthly Payment: \$ _____
Estimated True Cash Value of property: \$ _____

Are your property taxes paid? [] Yes [] No

If no, list which years and amounts owed: _____

Are you on a payment plan with Oakland County? [] Yes [] No

(10) OTHER DEBT INFORMATION

Please list any outstanding loans/debt, i.e., credit cards, etc. (Attach additional sheet, if necessary.)

To Whom _____	To Whom _____
Address _____	Address _____
Monthly Payment \$ _____	Monthly Payment \$ _____
Current Balance \$ _____	Current Balance \$ _____

(11) MISCELLANEOUS INFORMATION

If you applied for a poverty exemption in the last four years, which years were you granted an exemption?

Name(s) of any co-owner(s) on Deed to property: _____

Do you have an ownership interest in any other real estate in Michigan or anywhere else? [] Yes [] No

If yes, please list for each property (attach additional sheet if necessary):

Location: _____	Parcel ID No.: _____
Current State Equalized Value: _____	Estimated True Cash Value: _____
Purchase Date: _____	Purchase Price: _____

Have any improvements, changes or additions been made to the primary property in the last two years?

[] Yes [] No

If yes, please explain: _____

Cost: \$ _____

Is the subject property currently for sale or anticipated being listed this year? [] Yes [] No

*****VERIFICATION OF INFORMATION SUBMITTED COULD BE REQUESTED*****

ADDITIONAL INFORMATION

With this application, you will need to submit *last year's* copies of the following 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 (or sign and submit attached Poverty Exemption Affidavit).
2. Michigan Homestead Property Tax Credit Claim MI-1040CR.
3. Proof of income (W-2, Social Security Statement, Disability Statement)
4. Valid driver's license or other acceptable form of identification.
5. Deed, land contract or other evidence of ownership of the property for which an exemption is requested *if requested 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 declare, under the penalties of 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.

Owner's Signature: _____

Spouse's/Co-owner's Signature: _____

Date: _____

*****PLEASE STOP HERE*****

FOR BOARD OF REVIEW ONLY

<u>YEAR</u>	<u>ASSESSED VALUE</u>	<u>EXEMPTION</u>	<u>NEW ASSESSMENT</u>
	\$ _____	\$ _____	\$ _____

Disposition by the Board of Review

Date: _____

GRANTED

DENIED

Chairperson/Secretary _____

Yes No

Member _____

Yes No

Member _____

Yes No

Reason for Board of Review Action: _____

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