

YEAR: \_\_\_\_\_  
PETITION NO: \_\_\_\_\_  
PARCEL NO: 74-20-\_\_\_\_\_

POVERTY EXEMPTION APPLICATION  
CONFIDENTIAL INFORMATION

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PETITIONER INFORMATION:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE NUMBER: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Beeper: \_\_\_\_\_

PROPERTY ADDRESS FOR EXEMPTION: \_\_\_\_\_

MARITAL STATUS:	NO. OF YEARS:
<input type="checkbox"/> MARRIED	_____
<input type="checkbox"/> DIVORCED	_____
<input type="checkbox"/> WIDOWED	_____
<input type="checkbox"/> SEPERATED	_____
<input type="checkbox"/> SINGLE	_____

PETITIONER EMPLOYMENT STATUS:

Disabled – No. of years: \_\_\_\_\_  
 Qualify for disability benefits ( ) Y ( ) N  
 Employed Full-time  
 Employed Part-time  
 Retired – No. of years: \_\_\_\_\_  
 Laid off – No. of years: \_\_\_\_\_  
 Other: \_\_\_\_\_

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

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_

Describe any disability or health problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPOUSE EMPLOYMENT STATUS:

Disabled – No. of years: \_\_\_\_\_  
 Qualify for disability benefits ( ) Y ( ) N  
 Employed Full-time  
 Employed Part-time  
 Retired – No. of years: \_\_\_\_\_  
 Laid off – No. of years: \_\_\_\_\_  
 Other: \_\_\_\_\_

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

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_

Describe any disability or health problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MORTGAGE INFORMATION:**

- A. Purchase Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_
- B. Mortgage/Land Contract Balance: \_\_\_\_\_
- C. Monthly Payment: \_\_\_\_\_ Do payments include taxes? ( ) Yes ( ) No
- D. Number of years remaining on the mortgage/land contract: \_\_\_\_\_
- E. Are your property taxes paid to date? ( ) Yes ( ) No
- F. Did you apply for a poverty exemption last year? ( ) Yes ( ) No
- G. Do you have an ownership interest in any other real estate in Michigan or elsewhere? ( ) Yes ( ) No  
 If yes, please list (attach a separate sheet if necessary):  
 Location: \_\_\_\_\_ Tax ID No. \_\_\_\_\_  
 Current State Equalization Value: \_\_\_\_\_ Estimated Current Value: \_\_\_\_\_  
 Purchase date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_
- H. 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:  
 \_\_\_\_\_  
 \_\_\_\_\_
- I. Have any improvements, changes or additions been made to the property in the last two (2) years?  
 ( ) Yes ( ) No If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
- J. Do you anticipate selling the homestead property for which relief is being sought in the next year?  
 ( ) Yes ( ) No If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
- K. Does anyone contribute to your support? ( ) Yes ( ) No  
 If yes, amount \$ \_\_\_\_\_ Explain: \_\_\_\_\_  
 \_\_\_\_\_

RESIDENT STATUS:	1	2	3	4
Name:				
Age:				
Relationship:				
Occupation:				
Annual Income:				
Claimed as Dependent:	( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No
Heir to Estate:	( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No

**INCOME INFORMATION:**

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

Wages, Salaries, tips, sick, strike, sub pay, etc \$ \_\_\_\_\_

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

Net rent, business or royalty income \$ \_\_\_\_\_

Retirement pension and annuity benefits \$ \_\_\_\_\_

Name of payer: \_\_\_\_\_

Net farm income \$ \_\_\_\_\_

Capital gains less capital loss \$ \_\_\_\_\_

Alimony and other taxable income \$ \_\_\_\_\_

Social Security, SSI, or railroad retirement benefits \$ \_\_\_\_\_

Child Support, WIC \$ \_\_\_\_\_

Unemployment compensation, Veterans disability compensation \$ \_\_\_\_\_

Workers compensation, disability compensation \$ \_\_\_\_\_

ADC and GA benefits \$ \_\_\_\_\_

All other public assistance \$ \_\_\_\_\_

Describe: \_\_\_\_\_

Other non-taxable income \$ \_\_\_\_\_

Describe: \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_

What was the total income from all sources of everyone living in you 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:

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**ASSET INFORMATION:**

List your current assets in addition to the real estate noted previously:

Cash \$ \_\_\_\_\_

Savings Accounts/Certificates and Money Markets \$ \_\_\_\_\_

Checking Accounts \$ \_\_\_\_\_

Stocks/Bonds/Treasury Bills \$ \_\_\_\_\_

Other, Describe: \_\_\_\_\_ \$ \_\_\_\_\_

Investments \$ \_\_\_\_\_

IRA, Keogh Annuities, Deferred Compensation \$ \_\_\_\_\_

Personal Property held as an investment  
(i.e.: gems, jewelry, coin collection, antique cars, etc) \$ \_\_\_\_\_

Vehicles, Cars, Trucks, Boats, Trailers, etc:				
	1	2	3	4
Make:				
Model:				
Year:				
Value:				
Current Balance:				

LOAN DEBT:				
List any additional loans and/or land contracts: (attach a separate sheet if necessary)				
	1	2	3	4
To Whom:				
Monthly Payment:				
Current Balance:				

EXPENSE INFORMATION:

	Average MONTHLY	ANNUALLY
Rent/House payment (principle & interest)	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____
Auto Insurance	\$ _____	\$ _____
Taxes (Principle Residence)	\$ _____	\$ _____
Taxes on other property	\$ _____	\$ _____
Car payment	\$ _____	\$ _____
Special Assessment	\$ _____	\$ _____
Utilities:		
Gas	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Water/Sewer	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Food/Clothing	\$ _____	\$ _____
Other Loans	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Lawn care/Snow removal	\$ _____	\$ _____
Cable/Dish	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____

Examples: Newspaper, Gasoline, Pet food, License Plates, Church, etc.

**VERIFICATION OF EXPENSES IS REQUIRED** (IE: copies of receipts, bills, cancelled checks, and/or bank statements)

List and explain any major or unusual expense(s). Be sure to include \$ (dollar) amount of expense(s):  
(Attach a separate sheet if necessary)

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**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 in accordance with Section 211.7u Michigan Compiled Laws.

I/We have read this application and fully understand the contents thereof. I/We declare that the statements made herein are complete, true, and correct to the best of my/our knowledge. I/We further understand that if the 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.

Petitioner's Signature(s):

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Signature Printed Name Date