



PETITION NO. \_\_\_\_\_

PARCEL ID NO. 17-000-\_\_\_\_\_ -00

2009

**APPLICATION FOR TAX EXEMPTION  
(POVERTY - MCL 211.7u)**

THIS APPLICATION MUST BE FILLED OUT AS CAREFULLY  
AND COMPLETELY AS POSSIBLE. A COPY OF YOUR CURRENT  
FEDERAL AND MICHIGAN INCOME TAX RETURNS, WITH  
THE PROPERTY HOMESTEAD CREDIT FORM, MUST BE SUBMITTED  
FOR PROPERTY TAX RELIEF.

ALL INFORMATION SUPPLIED WILL BE KEPT CONFIDENTIAL.

COMPLETED FORMS MUST ACCOMPANY ALL APPLICATIONS. APPLICATIONS  
SUBMITTED WITHOUT COMPLETED FORMS OR INCOME TAX INFORMATION WILL  
NOT BE PROCESSED.

PLEASE READ THE FOLLOWING APPLICATION CAREFULLY.

Public Act 390 of 1994, being Michigan Compiled Laws (MCL) 211.7u,  
has greatly modified the Poverty Exemption Procedure.

The following Poverty Exemption Guidelines and Application  
were approved for use as the local standard by the  
Mount Pleasant City Commission on January 26, 1998.

2009 Poverty Exemption appeals will be heard by Appointment Only on

**FRIDAY MARCH 13, 2009**

**TUESDAY JULY 21, 2009**

**TUESDAY DECEMBER 8, 2009**

Applicants may request a closed hearing due to the confidential  
nature of their financial affairs, health, status, etc....

CITY OF MT. PLEASANT  
 POVERTY EXEMPTION APPLICATION GUIDELINES  
 and  
 POLICY FOR APPLICANTS REQUESTING  
 CONSIDERATION FOR POVERTY EXEMPTIONS

**IMPORTANT - PLEASE READ**

1. An applicant shall obtain the proper applications from the City Assessor's Office. Persons with disabilities who need assistance to participate in Board of Review meetings may call the Community Services Office to make necessary arrangements for assistance. (989-779-5314) A 48-hour advance notice is necessary for accommodation.
2. An applicant shall meet all of the following qualifications:
  - a. Be the owner of and occupy as a homestead the parcel for which an exemption is requested.
  - b. Produce a valid driver's license or other form of identification if requested by the City Assessor or Board of Review.
  - c. Produce a deed, land contract, or other evidence of ownership of the property, if requested by the City Assessor or Board of Review.
  - d. Meet the Federal or Local Poverty Guidelines.

<u>Number of Persons Residing in Homestead</u>	<u>Poverty Threshold</u>
1 person	\$10,400
2 persons	\$14,000
3 persons	\$17,600
4 persons	\$21,200
5 persons	\$24,800
6 persons	\$28,400
7 persons	\$32,000
8 persons	\$35,600
For each additional person, add	\$ 3,600

- e. Submit current year's copies of the following, if applicable:
    - (1) Federal and State Income Tax Return - 1040, 1040EZ or 1040A.
    - (2) Senior Citizens Homestead Property Tax Form MI-1040CR-1.
    - (3) General Homestead Property Tax Claim MI-1040CR-4.
    - (4) Statement from the Social Security Administration.
    - (5) Statement from the Michigan Department of Social Services.
3. An applicant who is otherwise qualified shall not be granted exemption if the applicant owns any other parcel of real property, whether improved or not, in addition to his/her homestead dwelling.
4. Partial exemptions may be granted.

5. An applicant shall not be eligible for exemption if his/her liquid assets exceed 30% of the value of the homestead.
6. No exemption shall be given unless applicant completely fills out an application form for the year in question and returns it, in person, (except as noted in Item 1, above) to the City Assessor's Office. If a question or statement does not apply, "N/A," for not applicable, may be written in the appropriate space.
  - a. Application shall not be signed until returned to the City Assessor's office.
  - b. Application shall be signed in the presence of a staff person of the City of Mt. Pleasant who is a notary public or signed in the presence of the City Assessor or Board of Review member.
  - c. All requested tax returns must be attached to the application upon return to the City Assessor's office. Upon approval from the City Assessor or Board of Review, last year's copies of 10A through E may be acceptable. Upon request of the City Assessor and/or Board of Review, the applicant shall be requested to provide an official copy of taxes from the Department of Treasury.
7. All applications shall be filed with the City Assessor's office after January 1<sup>st</sup> but before the day prior to the last day of the Board of Review.
8. The City Assessor and Board of Review shall consider applications based on the above items and may approve an application if it agrees with the intent of the above items and applicable governing laws.
9. Applications may be reviewed by the Board of Review without the applicant being present. However, the Board of Review may request that an applicant be physically present to respond to any questions the Board of Review or City Assessor may have. This means that the applicant could be called to appear on short notice, and be sworn in, under oath, considering laws of perjury.
10. The applicant may need to answer questions regarding his/her financial affairs, health, and the status of people living in applicant's home before the Board of Review at a meeting which is open to and may be attended by the public. A closed session shall be granted upon request.
11. Because of the availability of the Homestead property tax credit and other government assistance programs, a poverty exemption generally will not be given for more than three years for each ownership, provided, however, the Board of Review has the discretion to grant a poverty exemption for more than three years under the provisions of paragraph 12.
12. The Board of Review has the discretion to deviate from the policy and guidelines as set forth upon a showing of substantial and compelling reasons. Any deviation from the policy and guidelines, and the reasons for such deviation, shall be communicated in writing to the applicant.

Adopted by The City of Mt. Pleasant City Commission at the regular meeting of January 26, 1998.

# CONFIDENTIAL

## City of Mt. Pleasant Poverty Exemption Application

I, \_\_\_\_\_, being the owner and occupant of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act.

Please type or fill the application out in black or blue ink. If a question or statement does not apply, write in the appropriate area "N/A," (not applicable).

Have you applied for and/or received a Homestead Tax Exemption in previous years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Year Applied	Year Received	Exemption Received	
		Amount	Percentage

### SECTION 1 - APPLICANT

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License Number or other form of identification: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages of Dependents: \_\_\_\_\_

Property Identification Number: \_\_\_\_\_

Lot No. \_\_\_\_\_ Subdivision \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Current Assessment: \_\_\_\_\_

Have you applied for Homestead Property Tax Credit this year? \_\_\_\_\_

How much was your Property Tax Credit? \_\_\_\_\_

### SECTION 2 - REAL ESTATE:

Are you (and/or spouse) the sole owner of the property for which the reduction is requested?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a mortgage or land contract outstanding on your property?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is your monthly mortgage or land contract payment?

( ) With Taxes ( ) Without Taxes \$ \_\_\_\_\_

When will the mortgage or land contract be paid off? \_\_\_\_\_  
month/year

What is the unpaid balance on the mortgage or land contract? \$ \_\_\_\_\_

Name of mortgage or land contract holder: \_\_\_\_\_

Do you use this property as your homestead? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you lived at this residence? \_\_\_\_\_

Do you own or are you buying any other property? \_\_\_\_\_

If so, list below:

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

Income earned from above property: \$ \_\_\_\_\_

SECTION 3(A) - APPLICANT

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Age: \_\_\_\_\_

Employment Status:

- ( ) Employed Full-Time
- ( ) Employed Part-Time
- ( ) Unemployed - How Long? \_\_\_\_\_
- ( ) Laid Off - How Long? \_\_\_\_\_
- ( ) Disabled - How Long? \_\_\_\_\_
- ( ) Retired - How Long? \_\_\_\_\_
- ( ) Other - Explain \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_

Describe any disability or health problems you have. [OPTIONAL - Complete only to assist Board of Review if financial criteria not met.]

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Can this be documented by a doctor's statement? If yes, explain. [OPTIONAL - Complete only to assist Board of Review if financial criteria not met.]

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**SECTION 3(B) - OTHER PERSON LIVING AT THE PROPERTY** [Complete for each person living in household.]

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Age: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Employment Status:

- |   |   |
|---|---|
| <input type="checkbox"/> Employed Full-Time           | <input type="checkbox"/> Disabled - How Long? _____ |
| <input type="checkbox"/> Employed Part-Time           | <input type="checkbox"/> Retired - How Long? _____  |
| <input type="checkbox"/> Unemployed - How Long? _____ | <input type="checkbox"/> Other - Explain _____      |
| <input type="checkbox"/> Laid Off - How Long? _____   | _____   |

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_

Describe any disability or health problems you have. [OPTIONAL - Complete only to assist Board of Review if financial criteria not met.]

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Can this be documented by a doctor's statement? If yes, explain. [OPTIONAL - Complete only to assist Board of Review if financial criteria not met.]

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**SECTION 4 - LIST ALL INCOME: (Applicant and other person living in household)**

SOURCE	MONTHLY AMOUNT	ANNUAL AMOUNT
WAGES/SALARIES/TIPS		
SOCIAL SECURITY/SSI		
PENSION or RETIREMENT		
INTEREST and/or DIVIDENDS		
RENTAL INCOME		
BUSINESS or ROYALTY INCOME		
DISABILITY PAYMENTS		
GENERAL ASSISTANCE/ADC		
ALIMONY		
CHILD SUPPORT		
UNEMPLOYMENT BENEFITS		
CLAIMS and/or JUDGMENTS FROM LAWSUITS		
INCOME FROM LAND CONTRACTS, ETC.		
OTHER INCOME FROM FAMILY		
WORKERS COMPENSATION		
OTHER:		
TOTAL PROJECTED INCOME FOR 2009		

**SECTION 5 - SAVINGS AND INVESTMENTS:**

List all savings owned by applicant and 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 OF DEPOSIT	NAME OF ACCOUNT	VALUE OF INVESTMENT

**SECTION 6 - LIFE INSURANCE: List all policies held by applicant and spouse.**

INSURED	AMOUNT OF POLICY	AMOUNT PAID MONTHLY	PAID UP POLICY	NAME OF BENEFICIARY	RELATIONSHIP TO INSURED

**SECTION 7 - MOTOR VEHICLES IN HOUSEHOLD: (Licensed and/or unlicensed)**

MAKE	YEAR	MONTHLY PAYMENT	BALANCE OWED

**SECTION 8 - LIST ALL PERSONS LIVING IN HOUSEHOLD:**

LAST NAME	FIRST NAME	AGE	RELATIONSHIP TO CLAIMANT	PLACE OF EMPLOYMENT	CONTRIBUTION TO FAMILY INCOME

**SECTION 9 - OTHER ASSETS:**

List all other assets and values that are owned or controlled by applicant. (For example, boats, coin collection, antiques, silver, etc.)

TYPE OF ASSET	VALUE	OWNER

**SECTION 10 - DEBTS:**

CREDITOR	PURPOSE OF DEBT	DATE OF DEBT	ORIGINAL AMOUNT	MONTHLY PAYMENT	BALANCE

**MONTHLY EXPENSES: (Applicant and other persons living in household)**

Utilities: \_\_\_\_\_ Food: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Clothing: \_\_\_\_\_ Heat: \_\_\_\_\_ Car Expense: \_\_\_\_\_  
 Medical/Health: \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_  
 \_\_\_\_\_

