CITY OF SWARTZ CREEK

(An Equal Opportunity Employer)

REQUIREMENTS FOR POVERTY EXEMPTION

In order to be eligible for the poverty exemption, the claimant must do and meet all of the following requirements on an annual basis:

REQUIREMENTS

- 1. The applicant <u>must</u> own and occupy as a homestead the property for which the exemption is requested. The applicant <u>must</u> also produce a valid driver's license or other form of identification showing place of residence.
- 2. The applicant <u>must</u> file form 5737, Application for MCL 211.7u Poverty Exemption and form 5739, Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty, with the board of review as provided by the Swartz Creek City Assessor's Office. It must be received between January 1 of each year and the day prior to the last scheduled meeting day of the Board of Review for that year. **Note**: The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the right to appeal to the Michigan Tax Tribunal.
- 3. Applicant <u>must</u> provide federal and state income tax returns for all persons residing in the homestead including any property tax credit returns. These income tax returns may be those filed in the current year or in the immediately preceding year. Any additional information regarding the poverty application must be in writing and attached to the petition form (<u>Note</u>: If an applicant is not required to file a federal or state income tax return then they must show proof of income and file the attached affidavit (Form 4988) for all persons residing in the residence who were not required to file federal or state tax returns for the current or preceding tax year.
- 4. Meet the asset level test, which is established to be: The claimant's and household's total assets, excluding the principal residence, do not exceed Ten Thousand dollars (\$10,000). Applicants must provide a list of all assets when applying for the poverty exemption. Assets include, but are not limited to:
 - A second home, land, vehicles Recreational vehicles such as campers, motor-homes, boats and ATV's Buildings other than the residence Jewelry, antiques, artworks Equipment, other personal property of value Bank accounts (over a specified amount), stocks Money received from the sale of property, such as, stocks, bonds, a house or car (unless a person is in the specific business of selling such property) Withdrawals of bank deposits and borrowed money Gifts, loans, lump-sum inheritances, and

one-time insurance payments Page 3 • Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms • Federal non-cash benefits programs such as Medicare, Medicaid, food stamps and school lunches.

- 5. The applicant must produce a deed, land contract or other evidence of ownership of the property for which an exemption is requested to support the information provided on the Poverty Petition.
- 6. An applicant must meet the federal poverty guidelines for the total household income as published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, as attached. Income includes, but is not limited to:
 - Money, wages, salaries before deductions, regular contributions from persons not living in the residence Net receipts from non-farm or farm self-employment (receipts from a person's own business, professional enterprise, or partnership, after business expense deductions) Regular payments from social security, railroad retirement, unemployment, worker's compensation, veteran's payments, public assistance, supplemental security income (SSI) Alimony, child support, military family allotments Private and governmental retirement and disability pensions, regular insurance, annuity payments College or university scholarships, grants, fellowships, assistantships Dividends, interest, and net income from rentals, royalties, estates, trusts, gambling or lottery winnings

IMPORTANT NOTE: PA390 of 1994 states that the poverty exemption guidelines established by the governing body of the local assessing unit SHALL also include an asset level test.

7. The Poverty Exemption applicant must provide additional relevant documentation requested by the Assessor or Board of Review in order to fully investigate an application.

GUIDELINES FOR GRANTING POVERTY EXEMPTIONS:

The Board of Review can deny or grant a full exemption equal to a 100% reduction in taxable value or a partial exemption equal to a 25%, 50% or 75% reduction in taxable value.

Poverty Exemptions must be processed annually. Under no circumstances will a poverty exemption be extended for a subsequent year without renewal of the poverty petition.

APPEAL OF POVERTY EXEMPTIONS TO THE MICHIGAN TAX TRIBUNAL:

A property owner may appeal the March Board of Review's decision on a poverty exemption to the Michigan Tax Tribunal. This appeal must be made by June 30. A property owner may appeal the July Board of Review's decision or December Board of Review's decision to the Michigan Tax Tribunal within 35 days from the date of the decision. The assessor may also appeal a Board of Review's decision on a poverty exemption to the Michigan Tax Tribunal.

Federal Poverty Guidelines Used in the Determination of Poverty Exemptions for 2024

Size of Family Unit	Poverty Guidelines
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560
For each additional person	\$5,140

Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

To be considered complete, this application must: 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.

PAR	T 1: PERSONAL INFO	RMATION -	– Petitioner must li	st all required person	al information				
Petitioner's Name					Daytime Phone N				
Age of	Petitioner	Marital Status	o sanda langusk dadinua mano sandak je zod o sendino mod to	Age of Spouse	Numb	Dependents			
			and the state of t			12			
Proper	ty Address of Principal Residence	÷		City		State	ZIP Code		
Check if applied for Homestead Property Tax Credit			Amount of Homestead Propo	erty Tax Credit	1				
PAR	T 2: REAL ESTATE INI	FORMATIO	N						
	the real estate informat ence of ownership of th				to provide a d	leed, lan	d contract or other		
Proper	ty Parcel Code Number			Name of Mortgage Compan	y				
Unpaid	Balance Owed on Principal Res	idence	Monthly Payment	Length of Time at th		it this Resid	hìs Residence		
Proper	ty Description	game massacrane and massacrane and an analysis of the second analysis of the second analysis of the second and an analysis of							
PAR	T 3: ADDITIONAL PRO	OPERTY IN	FORMATION						
List	information related to a	inv other pro	perty owned by yo	ou or any member res	iding in the ho	ouseholo	I.		
	Check if you own, or a						from other Property		
	Property Address			City	THE RESERVE THE PROPERTY OF TH	State	ZIP Code		
1	Name of Owner(s)	at a garden de la la Maria de la seguina de la decembra de la Reconsciação de la Reconsci		Assessed Value	Date of Last Ta	xes Paid	Amount of Taxes Paid		
	Property Address		MANAGEM ANGELIS AND SHARES AND A STREET AND A STREET A S	City	-	State	ZIP Code		
2	2 Name of Owner(s)		Assessed Value	Date of Last Ta	xes Paid	Amount of Taxes Paid			

PART 4: EMPLOYMENT	INFORMATION	N — List your cu	ırrent employr	nent infor	mation.		
Name of Employer			Annual Control of the		e ditara in special information de la proposition per de la principal de la principal de la principal de la pr		ing mandaling iyang jang kada in sali ng mina aka aka aka aka aki aga iyan ana aka iki in sali sali ng sali sa I
Address of Employer			City	City			ZIP Code
Contact Person	V	et noete themes to the territory of the	Employer Tele	phone Numbo	9 r	1	
PART 5: INCOME SOUR	CES						
List all income sources, in accounts), unemploymen judgments from lawsuits, income, for all persons re	it compensation alimony, child	n, disability, gove support, friend o	rnment pensi	ons, work	er's compensa	tion, divi	dends, claims and
- international state of the second state of t	Source of	f Income	THE REPORT OF THE PROPERTY AND ADMINISTRATION OF THE REPORT OF THE PROPERTY OF	t the end of the end o	Month	ly or An (indicate	nual Income which)
,	April Marie Control of the Control o						<u> </u>
	**************************************	annesigna sini in norma ni kanana nyaéta ana ana ana ana ana ana ana ana ana a	and the second s			nysianyaan kaamaankayamana maayadassa m	
	· ************************************	managan jama paga paga paga paga paga paga paga p	kaannya digina kananda di amaka na gidana ana ang				,
PART 6: CHECKING, SA	VINGS AND IN	IVESTMENT IN	FORMATION				
List any and all savings accounts, postal savings, persons residing at the pi	, credit union sl	household mem hares, certificate	nbers, includir es of deposit,	ng but no cash, sto	t limited to: ch cks, bonds; or	necking similar ii	accounts, savings nvestments, for all
	Name of Financial Institution Amount on Investments on Deposit		Current Interest Rate		Name on Account		Value of Investment
PART 7: LIFE INSURAN	│ CE — List all p	olicies held by a	 ill household r	nembers.			
Name of Insured	Amount of Monthly		Policy Pa	Policy Paid in		Name of Beneficiary	
						·····	
		***************************************			nere de l'anguer a l'a		
PART 8: MOTOR VEHIC	LE INFORMAT	ION					
All motor vehicles (include within the household must		es, motor home	es, camper tra	ailers, etc	.) held or own	ed by a	ny person residing
Make	Make Yea		,	Monthl	onthly Payment E		alance Owed

PART 9: HOUSEHOLD	OCCUPANTS -	– List all pe	ersons liv	/ing	in the househ	old.			
First and Last Name		٨			elationship Applicant			nployment	\$ Contribution to Family Income
						and the second			
***************************************			and the and appearance of the second second		·		an an a land new array	And is well-ready to the second of the second to the secon	
	er fallenness de Paulanteinnes de richt bei der gegen geben volgen der der der mit zu der heij das sie bei bei		and the second s			-			
		-					~~ ^	· company de la company de	
a vitaraganikan mahamangan ay arangan mananan ay arangan ay arangan ay arangan ay arangan ay arangan ay aranga								ann, as der v. a. a sen muss annen menen de an de sed menen annen e	
The boundary of the second control of the se	Market and the second and the second and the second and analysis and the second a					ļ.	er en eleccopy correcte menter can a	ha was	-
							ang ng managan na n		
		wascommode so							•
				yya pendiya ya sepesa ya	er beneder en ser geste ferre genere en met sept van dan kommen benedere beste en	:			
PART 10: PERSONAL C	SEPT Victoria	paraonal d	labt for c	مط ال	ucabald man	hore.			
FART IV. PERSONALL	/CD1 LISCOII	personaru		alan annaiseada	dsenoid men	IUCIO.			
Creditor	Purpose	of Debt	Dat of De		Original Ba	lance	Month	ıly Paymen	t Balance Owed
							<u></u>		
		·							
			-						

						~~~~~			
			and the second s						
		ыр _{ан} шагы аңыры үстөлүүдүү үшүштө өсөөк а <b>тал</b> аруу үстөгө		again is garbert an description of the	95) and	gagen a garante es a se a construir contr			
		andreas are not the advantage of the party of the second o						in the second se	
							<u> </u>		
PART 11: MONTHLY EX	(PENSE INFOR	RMATION				Takan			
The amount of monthly necessary.	expenses rela	ted to the	principal	resi	dence for ea	ch cat	egory	must be list	ed. Indicate N/A as
Heating	Electric	Electric		Wat	er		Phone		
Cable	Food	Food		Clothing			Health Insuran		:e
Carlage		I Dausses				17	ar Evnn	nîcnar pen) de	atr.)
Garbage		Daycare				1	Car Expense (gas, repair, etc.)		,,,,,
Other (type and amount)	and the state of t	Other (type a	ind amount)				Other (typ	e and amount)	
Other (type and amount)	The second secon	Other (type a	and amount)			Other (type and amount)			

**NOTICE:** Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 11: POLICY AND GUIDELIN	ES ACKNOWLEDGMENT	
used for the granting of exemptions the federal poverty guidelines publis of Health and Human Services under adopted by the governing body of the eligibility requirements less than the specific income and asset levels	under MCL 211.7u. In order to be eligibled in the prior calendar year in the Feder its authority to revise the poverty line he local assessing unit so long as the effected guidelines. The policy and guidelines.	vailable to the public the policy and guidelines ble for the exemption, the applicant must meet eral Register by the United States Department under 42 USC 9902, or alternative guidelines alternative guidelines do not provide income uidelines must include, but are not limited to, come and assets. The combined assets of all ne local assessing unit.
The applicant has reviewed the specific income and asset leve	ne applicable policy and guidelines ac Is of the claimant and total household i	dopted by the city or township, including the ncome and assets.
PART 12: CERTIFICATION		
I hereby certify to the best of my known eligible for the exemption from prop	owledge that the information provided i erty taxes pursuant to Michigan Compi	n this form is complete, accurate and I am led Law, Section 211.7u.
Printed Name	Signature	Date
This application shall be filed after	January 1, but before the day prior	to the last day of the local unit's December

Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760

E-mail: taxtrib@michigan.gov

# Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION — Enter informa	tion for the person owni			lence.		
			Wener Telephone Number			
Mailing Address	City		State	ZIP Code		
PART 2: LEGAL DESIGNEE INFORMATION (Con	nplete if applicable.)					
Legal Designee Name		Daytime Tele	phone Number			
Mailing Address	City		State	ZIP Code		
PART 3: HOMESTEAD PROPERTY INFORMATION	N — Enter information fo	r property in whic	h the exemp	tion is being claimed.		
City or Township (check the appropriate box and enter name)  City Township Village		County				
Name of Local School District						
Parcel Identification Number	Year(s) Exemption P	reviously Granted by E	loard of Review			
Homestead Property Address	City		State	ZIP Code		
PART 4: AFFIRMATION OF OWNERSHIP, OCCU	PANCY, AND INCOME	STATUS (Chec	k all boxes	that apply.)		
☐ The property in which the exemption is being as any dwelling with its land and buildings wh☐ After establishing initial eligibility for the exem I receive a fixed income solely from public as rate of inflation, such as federal Supplementa	nere a family makes its he option, my income and a sistance that is not subje	nome. esset status has ect to significant	remained	unchanged and/or reases beyond the		
PART 5: CERTIFICATION						
I hereby certify to the best of my knowledge that to an exemption from property taxes by reason of po	he information provided overty pursuant to Michig	on this form is t gan Compiled L	rue and I a aw, Section	m eligible to receive n 211.7u.		
Owner or Legal Designee Name (print)	ignature of Owner or Legal Design	nee		Date		
Designee must attach a letter of authority.						
LOCAL GOVERNMENT U	SE ONLY (DO NOT WR	ITE BELOW TH	IIS LINE)			
Approved Denied (Attach appeal instruc		Tax Year	(s) exemption	will be posted to tax roll		
<b>CERTIFICATION</b> — I certify that, to the best of accurate.	my knowledge, the info	rmation contain	ed in this fo	orm is complete and		
Assessor Signature		Date Cert	ified by Assesso	or.		

### **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.

l,	, swear and affirm by my signature below that I
reside in the principal residence that is the	ubject of this Application for Poverty Exemption and that
for the current tax year and the preceding ta	year, I was not required to file a federal or state income
tax return.	
Address of Principal Residence:	
Signature of Person Making	Affidavit Date

**