

B.O.R. Mar Jul Dec

Parcel No. \_\_\_\_\_

Letter / Appt

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Petition #: \_\_\_\_\_

**BRUCE TOWNSHIP  
MACOMB COUNTY  
POVERTY EXEMPTION APPLICATION  
TAX YEAR 2017**

**A. DEADLINE**

**YOU MUST COMPLETE THIS APPLICATION IN FULL AND RETURN IT, ALONG WITH A COPY OF LAST YEARS STATE AND FEDERAL INCOME TAX RETURNS, WITH THE MICHIGAN PROPERTY HOMESTEAD TAX CREDIT FORM (MI-CR) AND COPIES OF W-2 FORMS, SOCIAL SECURITY STATEMENTS OR SIMILAR INCOME VERIFICATION FOR EACH PERSON RESIDING IN OR CONTRIBUTING TO THE HOMESTEAD. IF NOT REQUIRED TO FILE A FEDERAL OR STATE INCOME TAX RETURN, A FILING EXEMPTION AFFADAVIT MUST ACCOMPANY THIS APPLICATION. THIS FORM MUST BE RETURNED TO THE ASSESSING OFFICE 7 DAYS BEFORE THE BOARD OF REVIEW.**

**B. STATEMENT**

I, \_\_\_\_\_ being the **owner and resident** of the property listed below, desire to apply for Tax Relief under MCL 211.7u of the Michigan General Property Tax Act: (The *principal residence* of persons who, in the judgment of the supervisor and board of review, by reason of poverty, are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation under this act.)

**C. PROPERTY ADDRESS**

Property address \_\_\_\_\_ Parcel # \_\_\_\_\_

How Long Have You Lived at the Above Address?: \_\_\_\_\_

Legal description \_\_\_\_\_

**D. APPLICANT INFORMATION**

**APPLICANT:** \_\_\_\_\_ **CO-OWNER:** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Other Contact Information: \_\_\_\_\_  
(Name) (Phone)

**Current Marital Status**

( ) Married ( ) Divorced ( ) Widowed ( ) Separated ( ) Single

**For How Long?**

\_\_\_\_\_

**Applicant Status**

Employed: ( ) Full-time ( ) Part-time

Date of Hire: \_\_\_\_\_

( ) Retired: Date Retired \_\_\_\_\_

( ) Laid-off: Date last worked \_\_\_\_\_

( ) Disabled: Date last worked \_\_\_\_\_

Possible return date \_\_\_\_\_

( ) Not working - How long \_\_\_\_\_

Employer: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Cause: \_\_\_\_\_

Reason: \_\_\_\_\_

Describe any disability or health problems:

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

**Spouse or Co-Owner Status**

Employed: ( ) Full-time ( ) Part-time

Date of Hire: \_\_\_\_\_

( ) Retired: Date Retired \_\_\_\_\_

( ) Laid-off: Date last worked \_\_\_\_\_

( ) Disabled: Date last worked \_\_\_\_\_

Possible return date \_\_\_\_\_

( ) Not working - How long \_\_\_\_\_

Employer: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Cause: \_\_\_\_\_

Reason: \_\_\_\_\_

Describe any disability 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					
Occupation					
Annual Income					
Do they contribute to household income?					
Amount of Contribution					

**E. ADDITIONAL ASSISTANCE**

Does **any other person** not listed above make **any** financial contribution to the household? If yes how much?

Person's Name: \_\_\_\_\_ Monthly Contribution \_\_\_\_\_  
 Type of Contribution Monetary \_\_\_\_\_ Other (explain) \_\_\_\_\_

**F. PROPERTY**

Are you and/or your spouse the sole owners of the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, list all owners and their percentage of ownership. \_\_\_\_\_

When did you and/or your spouse purchase this homestead? \_\_\_\_\_

Is the home paid in full? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, number of years and \$ amount remaining on this Mortgage/Land Contract \_\_\_\_\_

What is the monthly payment? \_\_\_\_\_ Includes taxes \_\_\_\_\_ Taxes are separate \_\_\_\_\_

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

Do you owe any delinquent taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the year(s) and amount(s) \_\_\_\_\_

Have any improvements, changes or additions been made to the property in the last two (2) years?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Are there any changes or additions that need to be made to the property? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**G. OTHER REAL ESTATE HOLDINGS**

Do you, your spouse, or any other person residing in the homestead have a financial interest in other real estate? If yes, please provide the following information concerning that financial interest.

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

**H. ASSET INFORMATION (MUST BE COMPLETED)**

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

- Cash \$ \_\_\_\_\_
- Checking Accounts \$ \_\_\_\_\_
- Saving Accounts \$ \_\_\_\_\_
- CDs, Money Markets \$ \_\_\_\_\_
- Stocks/Bonds/Treasury Bills \$ \_\_\_\_\_
- Insurance Policy (surrender-cash value) \$ \_\_\_\_\_
- Retirement Accounts \$ \_\_\_\_\_
- Personal Property (i.e. Jewelry, Coin Collection, Etc.) \$ \_\_\_\_\_
- Other – (please explain) \_\_\_\_\_ \$ \_\_\_\_\_

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

Vehicles: Year/Make/Model	Mileage	Date Acquired	Bought Or Leased	Purchase Price	Balance
Recreational Vehicles: Year/Make/Model					

**I. INCOME INFORMATION**

Please list all sources of your personal income on a **MONTHLY** basis. **FOR PREVIOUS YEAR**

SOURCE	APPLICANT	SPOUSE
Employment	\$	\$
Social Security	\$	\$
Pension- <b>From:</b>	\$	\$
Unemployment/Workers Compensation	\$	\$
General Assistance- <b>Type:</b>	\$	\$
Child Support/Alimony	\$	\$
Family Support/Gifts- <b>From</b>	\$	\$
Interest (taxable & non-taxable); Dividends	\$	\$
Rental Income	\$	\$
Other Income (please explain in detail) _____ _____	\$	\$
Other Monetary Assistance- <b>Source:</b>	\$	\$

Has your income significantly changed in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Have you or your spouse sold any interest in real estate in the last 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide complete address, date sold and sale price \_\_\_\_\_

Do you receive Food Stamps or other Public Assistance? No \_\_\_ Yes\_\_\_ Amount \$ \_\_\_\_\_ per month.  
Benefits received for: \_\_\_\_\_

**J. EXPENSE INFORMATION**

Please list all sources of household expenses on a **MONTHLY** basis **FOR PREVIOUS YEAR, 2016.**

	\$	per month
House Payment (principle & interest)	\$	
Child Care/Day Care	\$	
Taxes on Other Property	\$	
Special Assessments	\$	
Home Insurance	\$	
Car Payment 1 <sup>st</sup> Car	\$	
Car Payment 2 <sup>nd</sup> Car	\$	
Auto Insurance	\$	
Health Insurance (include prescription coverage)	\$	
Medical Bills (not covered by insurance)	\$	
Prescriptions (not covered by insurance)	\$	
Cell Phone	\$	
Cable/Satellite	\$	
Internet	\$	
Utilities: gas, electric, water	\$	
Other, (please explain): _____ _____	\$	

Have your expenses significantly changed in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Do you anticipate any major changes in income for the coming year? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Are any household expenses paid for by another party? Yes \_\_\_\_\_ No \_\_\_\_\_  
**\*\*\*If Yes**, please provide a statement including exactly what is paid, when, how much and by whom.

**K. DEBT INFORMATION**

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

	To Whom	For What	Monthly Payment	Balance
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$

Do you expect to sell the homestead for which the tax relief is being sought in the next year? \_\_\_\_\_



## 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