

YEAR \_\_\_\_\_

PARCEL NUMBER \_\_\_\_\_

**NELSON TOWNSHIP  
APPLICATION  
FOR  
PRINCIPAL RESIDENCE POVERTY EXEMPTION**

The filing of this form is necessary to determine if you qualify for a Principal Residence Poverty exemption. The following questions are necessary in order to determine hardship and asset status. You are required to answer each question. If you do not answer each question, and supply all requested forms, sufficient information will not be available to grant an exemption. Applications submitted without the completed application and all requested forms will NOT be processed.

**NELSON TOWNSHIP  
POVERTY EXEMPTION APPLICATION**

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Property Address for which relief is being sought:	<u>Marital Status</u>	<u>No. of Years</u>
_____	<input type="checkbox"/> Married	_____
_____	<input type="checkbox"/> Divorced	_____
	<input type="checkbox"/> Widowed	_____
	<input type="checkbox"/> Separated	_____
	<input type="checkbox"/> Single	_____

Phone Number: Daytime: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_  
Cell-Phone: ( ) \_\_\_\_\_

**PETITIONER EMPLOYMENT STATUS:**

<input type="checkbox"/> Employed Full Time	<input type="checkbox"/> Unemployed – How Long? _____
<input type="checkbox"/> Employed Part Time	<input type="checkbox"/> Disabled – How Long? _____
<input type="checkbox"/> Retired – How Long? _____	<input type="checkbox"/> Other _____

Usual Occupation \_\_\_\_\_

Employer (last employer if unemployed): \_\_\_\_\_

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

Employers Telephone: \_\_\_\_\_

**SPOUSE EMPLOYMENT STATUS:**

<input type="checkbox"/> Employed Full Time	<input type="checkbox"/> Unemployed – How Long? _____
<input type="checkbox"/> Employed Part Time	<input type="checkbox"/> Disabled – How Long? _____
<input type="checkbox"/> Retired – How Long? _____	<input type="checkbox"/> Other _____

Usual Occupation \_\_\_\_\_

Employer (last employer if unemployed): \_\_\_\_\_

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

Employers Telephone: \_\_\_\_\_

## **RESIDENT STATUS**

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

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

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

Relationship: \_\_\_\_\_

Employment Status: \_\_\_\_\_

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

Annual Income: \_\_\_\_\_

Is this person claimed as a dependent? \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Employment Status: \_\_\_\_\_

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

Annual Income: \_\_\_\_\_

Is this person claimed as a dependent? \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Employment Status: \_\_\_\_\_

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

Annual Income: \_\_\_\_\_

Is this person claimed as a dependent? \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Employment Status: \_\_\_\_\_

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

Annual Income: \_\_\_\_\_

Is this person claimed as a dependent? \_\_\_\_\_



## ASSET INFORMATION

### Vehicles, Cars, Trucks, Boats, Trailers, etc.

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Value: \_\_\_\_\_ Balance Owed: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Value: \_\_\_\_\_ Balance Owed: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Value: \_\_\_\_\_ Balance Owed: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Value: \_\_\_\_\_ Balance Owed: \_\_\_\_\_

Do you own or rent any other real-estate other than the property for which the exemption is being sought?     YES                       NO

Please list all other property owned or rented:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PP#: \_\_\_\_\_ Assessed Value: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PP#: \_\_\_\_\_ Assessed Value: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PP#: \_\_\_\_\_ Assessed Value: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PP#: \_\_\_\_\_ Assessed Value: \_\_\_\_\_

## **INCOME INFORMATION**

**Please list all sources of your and your spouse's personal income. Please list the amount from each source on an ANNUAL basis for the preceding year.**

Wages, Salaries, tips, sick, strike, subpay, etc.	\$ _____
All Interest and dividend Income	\$ _____
Net Rent, business or royalty income	\$ _____
Retirement pension and annuity benefits	\$ _____
Net Farm Income	\$ _____
Capital gains less capital losses	\$ _____
Alimony	\$ _____
Social Security, SSI or railroad retirement benefits	\$ _____
Welfare/ADC	\$ _____
Child Support	\$ _____
WIC	\$ _____
Unemployment Compensation and TRA benefits	\$ _____
Workers Compensation	\$ _____
Disability Compensation	\$ _____
All other assistance payments	\$ _____
Describe _____	
Other non-taxable income	\$ _____
Describe _____	
<b>TOTAL INCOME</b>	<b>\$ _____</b>

What was the total income from all sources of income of EVERYONE living in your household for the past two (2) years?

Last Year: \_\_\_\_\_ Prior Year: \_\_\_\_\_

Do you anticipate any major changes (increases or decreases) in the coming year?

YES                       NO

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

## **EXPENSE INFORMATION**

Please list your average MONTHLY household expenses:

Mortgage Payment	\$ _____
Car #1 Payment	\$ _____
Car #2 Payment	\$ _____
Home Insurance (if not included in Mtg payment)	\$ _____
Auto Insurance	\$ _____
Health Insurance	\$ _____
Life Insurance	\$ _____
Nat. Gas / LP / Fuel Oil	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Internet	\$ _____
Cable / Dish	\$ _____
Cell Phone	\$ _____
Child Care	\$ _____
Food	\$ _____
Clothing	\$ _____
Medical	\$ _____
Lawn Care / Snow Removal	\$ _____
Other Loan #1 (Specify)	\$ _____
Other Loan #2 (Specify)	\$ _____
Other (Specify)	\$ _____
<b>TOTAL MONTHLY EXPENSE</b>	<b>\$ _____</b>

Do you have any credit card or other personal debts that were not listed above?

YES       NO

If yes, please list to whom the debt is owed, the monthly payment, and the current payoff.

Debt #1 to whom: \_\_\_\_\_ Mo. Pmt: \_\_\_\_\_ Payoff: \_\_\_\_\_

Debt #2 to whom: \_\_\_\_\_ Mo. Pmt: \_\_\_\_\_ Payoff: \_\_\_\_\_

Debt #3 to whom: \_\_\_\_\_ Mo. Pmt: \_\_\_\_\_ Payoff: \_\_\_\_\_

Debt #4 to whom: \_\_\_\_\_ Mo. Pmt: \_\_\_\_\_ Payoff: \_\_\_\_\_

**OTHER INFORMATION**

Are your property taxes paid?  YES  NO

Do you owe delinquent or prior year property taxes?  YES  NO

Did you apply for a hardship exemption last year?  YES  NO

Have you applied for a Homestead Property Tax Credit this year?  YES  NO

If yes, how much was it? \$\_\_\_\_\_

Have any improvements, changes or additions been made to the property in the past two years?  YES  NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you anticipate selling the property for which relief is sought in 2008?

YES  NO

**Please describe any disability or health problems for yourself:**

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

**Please describe any disability or health problems for your spouse:**

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

**Please describe any disability or health problems for your dependants:**

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

**PLEASE READ CAREFULLY**

I (we) feel that the payment of the full property taxes on the above described property will place an unreasonable burden on my (our) personal finances and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws.

I (we) have read this application and fully understand the contents thereof. I (we) declare under penalty of perjury that the statements made herein are complete, true, and correct to the best of my (our) knowledge. 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 of the Michigan Compiled Laws.

I (we) also understand that any relief granted by this application is for the current year only.

**DO NOT SIGN UNTIL WITNESSED BY THE ASSESSOR OF BOARD OF REVIEW**

Petitioner's Signature: \_\_\_\_\_

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

Spouse's Signature: \_\_\_\_\_

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

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Assessor or Chairman of the Board of Review

**FOR BOARD OF REVIEW USE ONLY**

Disposition by Board of Review

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

Denied

Taxable Value reduced to \$ \_\_\_\_\_

Board of Review

Supervisor

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

\_\_\_\_\_  
Assessor  
\_\_\_\_\_

## **INSTRUCTIONS FOR PETITIONER REQUESTING CONSIDERATION FOR A POVERTY EXEMPTION**

1. Petitioner(s) must complete the application as provided by the Assessor in its entirety and return it to the Nelson Township Hall in person on Mondays or Thursdays from 9:00 am to 3:00 pm, or by mail to Nelson Township Hall, P.O. Box 109, Sand Lake, MI, 49343.
2. Applications must be received before the day prior to the last day of the Board of Review
3. Petitioner(s) will not be eligible for consideration if they do not meet the Federal Poverty Guidelines.
4. Petitioner(s) must be the owners of the property and reside therein.
5. The petitioner(s) shall make an appointment with the Board of Review during the scheduled meeting time of the Board of Review. At that appointed time the Assessor or Board of Review may administer an oath to the petitioner(s).
6. Upon the request of the Assessor or the Board of Review, petitioner(s) must produce:
  - A driver's license or other acceptable method of identification
  - A deed, land contract or other evidence of ownership.
7. The application must include copies of the following:
  - Federal Income Tax Return – 1040 or 1040A
  - State Income Tax Return – MI-1040
  - Homestead Property Tax Claim

2009 Federal Poverty Income Guidelines	
Size of Family/ Household	Maximum Total Income
1	\$10,400
2	\$14,000
3	\$17,600
4	\$21,200
5	\$24,800
6	\$28,400
7	\$32,000
8	\$35,600
Additional person	\$3,600

To be eligible, a person shall do all the following on an annual basis:

- 1) Be an owner of and occupy as a homestead the property for which an exemption is requested.
- 2) File a claim with the supervisor or board of review, accompanied by federal and state income tax returns for all persons residing in the homestead, including any property tax credit returns filed in the immediately preceding year or in the current year.
- 3) The completed Nelson Township application form for an exemption shall be filed after January 1, but before the day prior to the last day of board of review.
- 3) Produce a valid drivers' license or other form of identification if requested.
- 4) Produce a deed, land contract, or other evidence of ownership of the property for which an exemption is requested if requested.
- 5) Meet (the *federal poverty income guidelines as defined and determined annually by the United States Office of Management and Budget.*
- 6) **Asset Test:** As required by P.A. 390 of 1994, all guidelines for poverty exemptions as established by the governing body of the local assessing unit SHALL also include an asset level test. The following assets as determined by the township board shall be considered when applying an asset test to determine qualification for tax exemption.
  - Cannot own split-able property of 10 acres or more
  - Cannot own other assets as determined by the BOR of over \$50,000

The board of review shall follow the above stated policy and federal guidelines in granting or denying an exemption, unless the board of review determines there are substantial and compelling reasons why there should be a deviation from the policy and federal guidelines and these are communicated in writing to the claimant.