

Dorr Township
Hardship Exemption Application and Asset Test

(Please Print)

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 and personal property of persons who, in the judgement of the Supervisor and the Board of Review. Which says MCL 211.7u (1) 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.

Parcel Number _____

Legal Description (from Property Tax Bill) _____

Property Address _____

Name of Applicant _____ Age of Applicant _____

Marital Status (circle one) Married, Separated, Divorced, Widowed

Mailing Address _____

Name of Spouse _____ Age of Spouse _____

Number of Dependents _____ Age of Dependents _____

Phone () _____ Cell () _____

Email address _____

Amount of Homestead Property Tax Credit this year? _____

How much was your Property Tax Credit? _____

**** Please Attach a copy of 1040CR and Federal or State income Tax Return for each person residing in the homestead, if filed for the current or preceding year. If they are not required to file income tax an Affidavit is needed ****

HOUSEHOLD MONTHLY EXPENSES:

Gas/Heating Charges _____ Electric Charges _____

Garbage _____ Estimated Food/Paper Products Costs _____

Water/Sewer Charges _____ Septic Preventive/pumping _____

Phone Bill _____ Clothing Allowance _____

Car Expense: Repairs _____ Gas _____ Insurance _____

Association Dues _____

Health Insurance _____

Estimated Medication cost _____ Child Support you pay _____

Home Assistance (yard, health, hygiene, cleaning, shopping) _____

Day care _____

Other (specify) _____

Are you receiving other money from another program? _____ How much _____

From whom are you receiving it and for what purpose _____

Changes to your income:

Has it changed over the past 3-5 years? _____ How/Why _____

Do you expect it to change in the near future? _____ How/Why _____

Please give us a clear understanding of your situation. Every case is different and must be evaluated on its own merits. Please know that having additional assets does not prevent the opportunity for assistance.

More space on back side

Dorr Township

Asset Test page 1

Poverty Income Worksheet for ALL Residing in Home (over the age of 18)

Use separate form for each person

Print Name _____

Check one: Home Owner Dependent Living in Home

LIST Salaries, Wages, Unemployment Compensation, Workers' Compensation, Disability

SOURCE OF INCOME	MONTHLY OR ANNUAL INCOME	EXPECTED TO CONTINUE

LIST Child Support Alimony Payments, Military Family Allotments, friend or family contribution's

SOURCE OF INCOME	MONTHLY OR ANNUAL INCOME	EXPECTED TO CONTINUE

LIST Social Security, Government Pensions, Pensions, Dividends, 401K, Retirement Plans, Railroad Retirement, veteran's payments (include early pay-out penalty)

SOURCE OF INCOME	MONTHLY OR ANNUAL INCOME	EXPECTED TO CONTINUE

LIST Rental Income (ex. land, home, equipment) Claim, Judgements or Settlements from Lawsuits, and any other source, net gambling or lottery winnings

SOURCE OF INCOME	MONTHLY OR ANNUAL INCOME	EXPECTED TO CONTINUE

LIFE INSURANCE:

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

ADDITIONAL REAL ESTATE:

Do you own or are you buying any other property? _____

If yes complete the section below

NAME OF OWNER	PROPERTY ADDRESS	ASSESSED VALUE	AMOUNT AND DATE OF LAST TAXES PAID

PERSONAL ACCOUNTS:

including checking and savings accounts,

NAME OF FINANCIAL INSTITUTION OR INVESTMENTS	AMOUNT ON DEPOSIT	CURRENT INTEREST RATE	NAME ON ACCOUNT	VALUE OF INVESTMENT

SAVINGS AND INVESTMENTS:

Postal savings, and credit shares, certificates of deposits, cash, stocks, bonds or similar investment.

NAME OF FINANCIAL INSTITUTION OR INVESTMENTS	AMOUNT ON DEPOSIT	CURRENT INTEREST RATE	NAME ON ACCOUNT	VALUE OF INVESTMENT

Dorr Township

Asset Test page 2

Poverty Income Worksheet for each Residing in Home (over the age of 18)

Print Name _____

MOTOR VEHICLES:

NAME ON TITLE	MAKE	YEAR	MONTHLY	BALANCE OWNED	VALUE OF VEHICLE

PERSONAL BUSINESS, OR PLEASURE (boats, quads, tractors, trailers, camper's etc.):

NAME ON TITLE	MAKE	YEAR	MONTHLY	BALANCE OWNED	VALUE OF VEHICLE

PERSONAL DEBTS:

CREDITORS	PURPOSE OF DEBT	DATE OF DEBT	ORIGINAL BALANCE	MONTHLY PAYMENT	BALANCE OWED

OTHER ASSETS AND THEIR VALUES

(FOR EXAMPLE COIN COLLECTION, SILVER, ANTIQUES, BOATS)

TYPE OF ASSET	VALUE	INCOME DERIVED FROM ASSETS	OWNER

PROPERTY LAND excess of "HOMESTEAD" OR "FOOT PRINT" OF PROPERTY:

Footprint is _____ (anything extra is added here)

OWNER (S) NAME	LOCATION OF PROPERTY	ZONED	INCOME FROM THIS PROPERTY	ACERAGE	SPLITS ON PROPERTY	VALUE OF PROPERTY

Remember to attach a copy of 1040CR and Federal or State income Tax Return if filed for the current or preceding year. If you are not required to file income tax an Affidavit is needed

REASON FOR EXEMPTION REQUEST

Notice: Any willful misstatements or misrepresentations made on this form may constitute perjury, which, under the law, is a felony punishable by fine or imprisonment.

Notice: A copy of your latest federal income tax return, or state tax income tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income.

Note:

State of Michigan, County of Allegan

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

Petitioner

Subscriber and sworn this _____ day of _____, 20__

Signature: _____

Assessor, Supervisor, Board of Review Member or Notary Public

This application shall be filed after January 1, but before the day prior to the last day of Board of Review.

Address: _____

FOR BOARD OF REVIEW USE

Disposition by Board of Review

Date: _____

Denied: _____ Approved: _____

Assessment reduced to: _____

Supervisor _____

Chairperson _____

Second Member _____

Third Member _____

Decisions may be appealed to the Michigan Tax Tribunal.

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