### 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	RT 1: PERSONAL INFO	RMATION -	— Petitioner must I	ist all required person	al information			
Petitio	oner's Name				Daytime Phone I	Daytime Phone Number		
Age of Petitioner Marital Status				Age of Spouse	Number of Legal Dependents			
Prope	erty Address of Principal Residence	<del></del>		City	·	State	ZIP Code	
	Check if applied for Hor	mestead Pr	roperty Tax Credit	Amount of Homestead Prope	erty Tax Credit			
PAR	RT 2: REAL ESTATE INF	ORMATIO	N					
List evid	the real estate information	on related t e property ε	o your principal res at the Board of Rev	sidence. Be prepared riew meeting.	to provide a d	leed, land	d contract or other	
Prope	rty Parcel Code Number			Name of Mortgage Company	1	***************************************	***************************************	
Unpai	d Bałance Owed on Principal Resid	lence	Monthly Payment		Length of Time a	t this Reside	nce	
Prope	rty Description		<u> </u>		1			
PAR	T 3: ADDITIONAL PRO	PERTY INF	ORMATION					
List	information related to an	y other pro	perty owned by you	u or any member resid	ding in the ho	usehold.		
Check if you own, or are buying, other property. If checked, complete the information below.						m other Property		
4	Property Address		***************************************	City		State	ZIP Code	
1	Name of Owner(s)		Assessed Value	Date of Last Taxes Paid Amou		Amount of Taxes Paid		
•	Property Address			City		State	ZIP Code	
2	Name of Owner(s)			Assessed Value	Date of Last Taxe	s Paid	Amount of Taxes Paid	

PART 6: CHECKING, SAVINGS List any and all savings owner accounts, postal savings, credit			City Employer Tele			State	ZIP Code
PART 5: INCOME SOURCES  List all income sources, includin accounts), unemployment comp judgments from lawsuits, alimo income, for all persons residing  S  PART 6: CHECKING, SAVINGS  List any and all savings owner accounts, postal savings, credit						State	ZIP Code
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accounts), unemployment comp judgments from lawsuits, alimo income, for all persons residing  S  PART 6: CHECKING, SAVINGS  List any and all savings owned accounts, postal savings, credit							
PART 6: CHECKING, SAVINGS List any and all savings owned accounts, postal savings, credit	ny, child sı	disability, gove upport, friend	ernment pensi	ons, wo	rker's compensat	ion, div	idends, claims and
List any and all savings owned accounts, postal savings, credit	ource of I	ncome			Monthl	y or An (indicate	nual Income which)
List any and all savings owned accounts, postal savings, credit							
accounts, postal savings, credit	S AND INV	ESTMENT IN	FORMATION			oleologische des Colonies (Colonies	
persons residing at the property	d by all ho t union sha	ousehold mem	nbers, includir				
Name of Financial Institution or Investments		Amount Current on Deposit Interest Rate Nan		lame on Accoul	me on Account		
PART 7: LIFE INSURANCE —	List all poli	icies held by a	ll household r	nember	s.		
	nount of Policy	Monthly Payments	Policy Pa Full	id in	Name of Benef	ciary	Relationship to Insured
PART 8: MOTOR VEHICLE INF	ORMATIC	DN					
All motor vehicles (including m within the household must be list		, motor home	s, camper tra	ilers, et	c.) held or owne	d by ar	ny person residing
Make		Year	'ear Monthl		hly Payment B		alance Owed
-							

PART 9: HOUSEHOLD OC	CUPANTS	— List all p	ersons I	iving	in the househ	old.		
First and Last N	Name		<b>Age</b>		elationship Applicant	Place o	f Employment	\$ Contribution to Family Income
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PART 10: PERSONAL DEE	BT — List al	l personal d	lebt for a	ı all hoı	usehold meml	oers.		
	_		Da					
Creditor	Purpose	of Debt	of De	bt	Original Bal	ance Mo	nthly Payment	Balance Owed
		:						
				*		-		
PART 11: MONTHLY EXPE	NSE INFOE	MOITAMS						
The amount of monthly exp			rincipal	resid	ence for each	categor	y must be listed	I. Indicate N/A as
Heating	Electric			Water			Phone	
Cable	Food			Clothir	ng		Health Insurance	
Garbage		Daycare				Car Exp	pense (gas, repair, etc.	)
Other (type and amount)		Other (type and	d amount)			Other (f	Other (type and amount)	
Other (type and amount)		Other (type and	d amount)			Other (	Other (type and amount)	
4	(AL- 40)	· with ally				Sais. (App 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 GUIDELINES ACKN	OWLEDGMENT						
The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines 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, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.							
The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.							
PART 12: CERTIFICATION							
I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled 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 info	rmation for the person owning a	nd occupying	the resid	lence.		
Owner Name		Owner Telephone				
Mailing Address	City		State	ZIP Code		
			é vise à la conse de disse de la			
PART 2: LEGAL DESIGNEE INFORMATION (	Complete if applicable.)	T				
Legal Designee Name		Daytime Telephor	ne Number			
Mailing Address	City	1	State	ZIP Code		
PART 3: HOMESTEAD PROPERTY INFORMA	TION — Enter information for prop	erty in which the	e exempt	ion is being claimed.		
City or Township (check the appropriate box and enter name)	•	County		<del>-</del>		
City Township Village						
Name of Local School District						
Parcel Identification Number	Year(s) Exemption Previous	y Granted by Board	of Review			
Homestead Property Address	City	<u> </u>	State	ZIP Code		
PART 4: AFFIRMATION OF OWNERSHIP, OCC	UPANCY. AND INCOME STAT	'US (Check all	boxes t	l hat apply.)		
<ul> <li>☐ I own the property in which the exemption is being claimed.</li> <li>☐ The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.</li> <li>☐ After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or I receive a fixed income solely from public assistance that is not subject to significant annual increases beyond the rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits.</li> </ul>						
PART 5: CERTIFICATION						
I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive an exemption from property taxes by reason of poverty pursuant to Michigan Compiled Law, Section 211.7u.						
Owner or Legal Designee Name (print)	Signature of Owner or Legal Designee		Da	ate		
Designee must attach a letter of authority.						
LOCAL GOVERNMENT	USE ONLY (DO NOT WRITE BE	ELOW THIS LI	NE)			
Approved Denied (Attach appeal instru	uctions and provide to owner.)	Tax Year(s) exe	mption wil	l be posted to tax roll		
CERTIFICATION — I certify that, to the best of accurate.	f my knowledge, the information	contained in	this forn	n is complete and		
Assessor Signature		Date Certified by	Assessor			

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### **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.

	and the state of t
·	, swear and affirm by my signature below that I bject of this Application for Poverty Exemption and that year, I was not required to file a federal or state income
Address of Principal Residence:	
Signature of Person Making	Affidavit Date

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## MCL 211.7u Poverty Exemption Taxpayer Fact Sheet

MCL 211.7u provides for a property tax exemption, in whole or part, for the principal residence of persons who, by reason of poverty, are unable to contribute to the public charges. For purposes of the poverty exemption, the term "principal residence" means how principal residence exemption and qualified agricultural property are defined in MCL 211.7dd. The exemption does not apply to property of a corporation. This Taxpayer Fact Sheet includes updates made to MCL 211.7u by Public Act 253 of 2020.

### **How To Apply For The Poverty Exemption**

To request a poverty exemption, a taxpayer must file:

- 1. Form 5737 Application for MCL 211.7u Poverty Exemption
- 2. Form 5739 Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty
- 3. All required additional documentation (such as federal/state income tax returns)

Forms 5737 and 5739, along with any additional documentation, must be filed with the local assessing unit where the property is located. **Do not file these forms with the Department of Treasury or the State Tax Commission.** The forms may be submitted to the local assessing unit on or after January 1 but before the day prior to the last day of the December Board of Review during the year in which the exemption is requested.

Taxpayers should contact the local assessing unit directly to verify deadline dates for submission of the forms to ensure the application gets reviewed by a Board of Review during that calendar year.

In addition to filing Forms 5737 and 5739 and any supporting documentation, a taxpayer must do all the following to be eligible for the poverty exemption:

- 1. Own and occupy the property as a principal residence.
- 2. Provide federal and state income tax returns for the current or immediately preceding year, including any property tax credits, for all persons <u>residing in the principal residence</u> (disclosure of the income of an owner who is not residing in the principal residence is not required). 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. Instead, Form 4988, Poverty Exemption Affidavit may be filed for all persons residing in

the residence who were not required to file federal or state income tax returns in the current or immediately preceding year.

- 3. Produce a valid driver license or other form of identification, if requested.
- 4. Produce a deed, land contract, or other evidence of ownership of the property, if requested.
- 5. Meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services <u>or</u> alternative guidelines adopted by the local assessing unit. The alternative guidelines cannot provide income eligibility requirements less than the federal guidelines.
- 6. Meet the asset level test adopted by the local assessing unit.

### **Appeal Rights**

An appeal of a decision of the March Board of Review is made by completing and submitting a petition to the Michigan Tax Tribunal no later than July 31 of the same year. A decision of the July or December Board of Review may be appealed by completing and submitting a petition to the Michigan Tax Tribunal within 35 days of the July or December Board of Review's decision. More information on how to file an appeal is available by contacting the Michigan Tax Tribunal. Information can also be viewed on the Michigan Tax Tribunal's website at https://www.michigan.gov/taxtribunal.

### RESOLUTION

WHEREAS, the adoption of guidelines for poverty exemptions is within the purview of the Amboy Township Board; and,

WHEREAS, the homestead of persons who, in the judgment of the Amboy Township Supervisor and the Board of Review, by reason of poverty are unable to contribute to the public charges is eligible for exemption in whole or part from taxation under Public Act 390, 1994 (MCL 211.7u); and,

WHEREAS, pursuant to PA 390, 1994, the Amboy Township Board, Hillsdale County Michigan, adopts the following guidelines for the Supervisor and Board of Review to implement. The guidelines shall include but not be limited to the specific income and asset level test of the claimant and all persons residing in the household, including any property tax credit returns, filed in the current or immediately preceding year; and,

WHEREAS, to be eligible, a person shall do each and every of the following on an annual basis:

- 1. Be an owner of and occupy, as a principal residence, the property for which an exemption is requested.
- 2. File a claim and completed application with the Supervisor or the Board of Review, accompanied by federal and state income tax returns for all persons residing in the homestead filed in the immediately preceding year. If you are not required by law to file federal or state income tax returns, form 4988, Poverty Exemption Affidavit, must accompany the application.
- 3. If requested, produce a valid driver's license or other form of identification.
- 4. If requested, produce a deed, land contract, or other evidence of ownership of the property for which the exemption is requested.
- 5. Meet the federal poverty income standards as defined and determined for 2024 Assessments by the United States Office of Management and Budget as attached hereto as Exhibit A.
- 6. Meet the guidelines set forth in Exhibit A as determined and approved by the Amboy Township Board.
- 7. The application for an exemption shall be filed after January 1, 2024 but before the day prior to the last day of the 2024 Board of Review.
- 8. If a person meets all eligibility requirements in statute, the Board of Review must 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 OR any other percentage reduction in taxable value approved by the STC.

For applicants at or below the 2024 Federal Poverty Guidelines, 100% relief shall be granted.

For applicants between 100% and 115% of the 2024 Federal Poverty Guidelines, 75% relief shall be granted.

For applicants between 115% and 130% of the 2024 Federal Poverty Guidelines, 50% relief shall be granted.

For applicants between 130% and 145% of the 2024 Federal Poverty Guidelines, 25% relief shall be granted.

For applicants above 145% of the 2024 Federal Poverty Guidelines, 0% relief shall be granted.

**NOW, THEREFORE, BE IT HEREBY RESOLVED THAT**, the Amboy Township Board of Review shall follow the above stated policy and federal guidelines in granting or denying an exemption, and that this Resolution shall take immediate effect.

The foregoing Resolution offered by Township Board Member and seconded by Township Board Member.
Upon a roll call vote, the following number of Township Board Members voted "AYE"_5_;
And the following number of Township Board Members voted NAY":
The Supervisor declared the Resolution adopted.
<u>CERTIFICATE</u>
I, Betty Burkhart, the duly elected and acting Clerk of Amboy Township, Hillsdale County Michigan, hereby certify that the foregoing Resolution was adopted by the Amboy Township Board at the regular meeting of said Board on December 13, 2023 at which meeting a quorum was present, by a roll call vote of said members as hereinbefore set forth; that said Resolution was ordered to take immediate effect.  Township Clerk

## EXHIBIT A TO TOWNSHIP BOARD RESOLUTION ON POVERTY EXEMPTIONS FOR 2024 ASSESSMENTS

### FEDERAL POVERTY INCOME STANDARDS FOR 2024 ASSESSMENTS

The following are the federal poverty income standards as of December 31, 2023 for use in setting poverty exemption guidelines for 2024 assessments.

Size of Family	2024 Poverty	2024 Poverty	2024 Poverty	2024 Poverty
Unit	Guidelines 100%	Guidelines 75%	Guidelines 50%	Guidelines 25%
	Relief	Relief Greater	Relief Greater	Relief Greater
		than 100% but	than 115% but	than 130% but
		equal to or less	equal to or less	equal to or less
		than 115% of	than 130% of	than 145% of
		Federal	Federal	Federal
		Guidelines	Guidelines	Guidelines
1	\$14,580	\$16,767	\$18,954	\$21,141
2	\$19,720	\$22,678	\$25,636	\$28,549
3	\$24,860	\$28,589	\$32,318	\$36,047
4	\$30,000	\$34,500	\$39,000	\$43,500
5	\$35,140	\$40,411	\$45,682	\$50,953
6	\$40,280	\$46,322	\$52,364	\$58,406
7	\$45,420	\$52,233	\$59,046	\$65,859
8	\$50,560	\$58,144	\$65,728	\$73,312
For Each	\$5,140	\$5,911	\$6,682	\$7,453
Additional			*.	. ,
Person			1	

### GUIDELINES FOR POVERTY EXEMPTION

- 1. Applicants may be eligible or considered if their income level meets the above criteria.
- 2. Applicants may appear at the Board of Review in person. The applicant may have to answer questions regarding their financial affairs, health, and/or the status of people living in their home at this meeting that is open to and may be attended by the public at large.
- 3. Applicants appearing before the Board of Review may be administered an oath, as follows: "Do you swear and affirm that the evidence and testimony you will give on your own behalf before this Board is the truth, the whole truth, and nothing but the truth?"
- 4. Applications will be evaluated based on:
  - a. Data submitted to the Board by the petitioner.
  - b. Testimony taken from the petitioner and information gathered from any source the board may wish to use.
- 5. The Board will also consider all assets owned by petitioners in its deliberations as to whether relief should be granted.
- 6. The applicant must have total household assets (excluding the real estate value of the principal residence) of less than \$20,000. The asset value shall be determined by the Township Board.
- 7. The Board of Review must evaluate tax relief based on poverty annually.
- 8. A successful applicant may be subject to personal investigation by the Township. This would be done only to verify information submitted or statements made to the Supervisor or Board of Review concerning their poverty exemption claim

9.	The Superv Review.	visor may tape recor	rd and will keep minutes of	all proceedings befo	ore the Board of