

Name of Applicant _____

Parcel I.D. Number _____

Property Address _____

Property Tax Relief _____ Water Services Relief _____

**TOWNSHIP OF GROSSE ILE
APPLICATION FOR HARDSHIP EXEMPTION**

THIS APPLICATION MUST BE COMPLETELY FILLED OUT OR YOUR APPEAL CANNOT BE PROCESSED!!! A copy of all Federal and Michigan Income Tax Returns for the previous tax year for all owners, co-owners as well as all persons residing in the homestead must be submitted to be considered for property tax relief by the Board of Review and/or relief approved by the Dept. of Public Services.

Grosse Ile Township Hardship Guidelines

**Guidelines for Applicants Requesting Consideration for Hardship Exemption
In order to qualify for consideration of property tax relief by the Board of Review and/or relief approved by the Dept. of Public Services (water services), ALL of the following guidelines must be met:**

- A) Income Guidelines: (Income guidelines are for all household residents)**
 - a. Income includes: money, wages and salaries before any deductions;
 - b. net receipts from nonfarm self-employment (these are receipts from a person's own business, professional enterprise, or partnership, after deductions for business expenses);
 - c. regular payments from social security, railroad retirement, unemployment workers' compensation, veterans' payments, and public assistance;
 - d. alimony, child support and military family allotments;
 - e. private pensions, government pensions, and regular insurance or annuity payments;
 - f. college or university scholarships, grants, fellowships, and assistantships;
 - g. dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts and net gambling or lottery winnings.

An explanation will be required for all household members over the age of 18 years who are not listed as contributing to the household income.

- B) **Application:** All applicants must complete the Application for Hardship Exemption from the Township Assessor's Office. The application may be filed with the Board of Review and/or the Dept. of Public Services in person, by appointment, in writing, or through an authorized agent for the property owner in writing.
- C) **Residency:** All applicants must own and occupy as a homestead the property for which the exemption is being requested.
- D) Under the Freedom of Information Act, all records submitted to the Board of Review are public records.
- E) Public Act 390 requires that local assessing units make available to the public their policies and guidelines for the granting of hardship exemptions.
- F) Homeowners with liquid assets (defined as anything readily converted to cash) in excess of \$50,000 shall not be eligible for a poverty exemption.
- G) Applications may be reviewed by the Board of Review without you being present. However, the Board of Review may request that any applicant(s) or their representative is physically present to respond to any questions. This means that the applicant(s) or their representative may be called upon to appear at short notice. Information requested may include questions about financial affairs, health and the status of people living in the homestead. These questions must be answered before the Board of Review at a meeting, which is, open to and may be attended by the public.

**APPLICANTS WILL NOT BE ELIGIBLE FOR CONSIDERATION IF
THEY EXCEED ANY OF THE GROSSE ILE TOWNSHIP
HARDSHIP GUIDELINES**

**FEDERAL POVERTY GUIDELINES USED IN THE DETERMINATION OF POVERTY
EXEMPTIONS FOR 2016**

No. of Persons Residing in Homestead	Poverty Threshold
1 person	\$ 11,770
2 persons	\$ 15,930
3 persons	\$ 20,090
4 persons	\$ 24,250
5 persons	\$ 28,410
6 persons	\$ 32,570
7 persons	\$ 36,730
8 persons	\$ 40,890

**For each additional person add \$4,160

TOWNSHIP OF GROSSE ILE APPLICATION FOR HARDSHIP EXEMPTION

Parcel I.D. Number _____

Property Address _____

Property Owner _____

Phone Number (Daytime) _____ Age of Applicant _____

Marital Status _____ Married _____ Single _____ Separated _____ Divorced _____ Widow/Widower

List all persons currently living in your household: Include Name, Relationship and employment status of each person and/or dependent in the household: (Use the back if more room is necessary)

Name	Relationship	Employment Status
_____	_____	_____
_____	_____	_____

Occupation of Applicant: _____

Applicant's Employer _____

Employer's Address _____

Employment Status _____ Part Time _____ Retired _____ Disabled _____

If unemployed, state the reason: _____

If laid off, state the circumstances _____

_____ Unemployed _____ How Long _____ Laid Off _____ How Long _____

Spouse's Occupation _____ Employer _____

If you are disabled, explain income received and source of all income _____

Do you apply for the Homestead Property Tax Credit (Michigan 1040CR)? _____ Yes _____ No

Is your home paid in full _____ Yes _____ No If not, what is the balance owed as of 12.31.15 _____

What is your monthly payment? _____ Is it an escrow account? _____

Mortgage Company _____

How long have you lived at this address? _____

Are you and/or your spouse sole owner of property for which relief is requested? _____

If not, list the names of the owners _____

In the last three (3) years have you remodeled or made any improvements to your property?
_____ Yes _____ No

If yes, what were the improvements? _____

Do you have an ownership interest in any real estate other than the above property? _____

If yes, please list the other properties you own _____

What is the income derived from the properties? _____

Are your property taxes currently paid? _____ Yes _____ No

List all assets owned and/or controlled by you, your spouse or occupants of the household and their value: (Use the back if more room is necessary)

Type of Asset	Value	Owner
_____	_____	_____
_____	_____	_____

Homeowners with liquid assets (defined as anything readily converted to cash) in excess of \$50,000 shall not be eligible for a poverty exemption.

Vehicles in Household (Please indicate model and year) _____

Are the vehicles owned or leased? _____

If owned, is the vehicle(s) paid in full? _____ If not, what is the balance due? _____

If the vehicle is leased, what is the monthly payment? _____

Savings and Investments: List all savings owned by you or your spouse and any occupants of household including savings accounts, postal savings, credit union shares, certificates of deposits, cash, stocks, bonds or similar investments. (Use the back if more room is necessary)

Name of Financial Institution Or Investment	Amount on Deposit	Value of Investment
--	--------------------------	----------------------------

Dividend and interest income: List all savings bonds, stocks, IRA's, Deferred Compensation, annuities, mortgages and/or land contracts owned by you or your spouse. (Use the back if more room is necessary)

Company	Current Value	Payments Received
----------------	----------------------	--------------------------

Insurance Policies: List all insurance policies held by you or your household

Insured	Face Amount	Monthly Premium
----------------	--------------------	------------------------

Is there any further information that you wish to have the Board of Review consider? _____

A COPY OF ALL 2015 INCOME TAX RETURNS FOR ALL HOUSEHOLD MEMBERS MUST ACCOMPANY THIS APPLICATION.

I, _____, Petitioner, being the owner and residing at the property that is listed below as my principal residence, apply for property tax relief under MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893. The principal residence of persons who, in the judgment of the township supervisor or city assessor 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 per MCL 211.7u(1).

In order 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.

PERSONAL INFORMATION: Petitioner must list all required personal information.

Property Address of Principal Residence:	Daytime Phone Number:	
Age of Petitioner:	Marital Status:	Age of Spouse:
Number of Legal Dependents:	Age of Dependents:	
Applied for Homestead Property Tax Credit (yes or no):	Amount of Homestead Property Tax Credit:	

REAL ESTATE INFORMATION: List the real estate information related to your principal residence. Be prepared to provide a deed, land contract or other evidence of ownership of the property at the BOR meeting.

Property Parcel Code Number:	Name of Mortgage Company:	
Unpaid Balance Owed on Principal Residence:	Monthly Payment:	Length of Time at This Residence:
Property Description:		

ADDITIONAL PROPERTY INFORMATION: List information related to any other property you, or any household member owns.

Do you own, or are buying, other property (yes or no)? If yes, complete the information below.		Amount of Income Earned from Other Property:	
Property Address	Name of Owner(s)	Assessed Value	Amount & Date of Last Taxes Paid
		\$	
		\$	

EMPLOYMENT INFORMATION: List your current employment information.

Name of Employer:	Name of Contact Person:
Address of Employer:	Employer Phone Number:

List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRA's (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income.

Source of Income	Monthly or Annual Income (indicate which)

CHECKING, SAVINGS AND INVESTMENT INFORMATION: List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments.

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment

LIFE INSURANCE: List all policies held by all household members.

Name of Insured	Amount of Policy	Monthly Payment	Policy Paid in Full	Name of Beneficiary	Relationship to Insured

MOTOR VEHICLE INFORMATION: All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.

Make	Year	Monthly Payment	Balance Owed

LIST ALL PERSONS LIVING IN HOUSEHOLD: All persons residing in the residence must be listed.

First & Last Name	Age	Relationship to Applicant	Place of Employment	Amount of Monetary Contribution to Family Income

PERSONAL DEBT: All personal debt for all household members must be listed.

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

MONTHLY EXPENSE INFORMATION: The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.

Heating:	Electric:	Water:
Phone:	Cable:	Food:
Clothing:	Health Insurance:	Garbage:
Daycare:	Car Expense (gas, repair, etc):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):

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

I/We am/are unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I/We declare that the statements made by this application 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 211.19 of the Michigan Compiled Laws.

Petitioner's Signature _____

Spouse's Signature _____

This application shall be filed after January 1, but before the day prior to the last day of March, July or December Board of Review to the address below:

**Grosse Ile Township Offices
2016 Board of Review
Administration/Assessor's Office
9601 Groh / P.O. BOX 300
Grosse Ile, Michigan 48138**

DECISIONS OF THE MARCH BOARD OF REVIEW MAY BE APPEALED IN WRITING TO THE MICHIGAN TAX TRIBUNAL BY JULY 31 OF THE CURRENT YEAR. JULY OR DECEMBER BOARD OF REVIEW DENIALS MAY BE APPEALED TO MICHIGAN TAX TRIBUNAL WITHIN 30 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE FILING.

**Michigan Tax Tribunal
P.O. Box 30232
Lansing, Michigan 48909**

Phone number is: 517-373-4400 Fax number is: 517-373-4493
The Tribunal can also be contacted by E-mail at: taxtrib@michigan.gov

NOTE: Petitions and appeals are not accepted via fax or e-mail at taxtrib@michigan.gov.

**Attached Board of Review petition per state guidelines
6/2016

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