Delta Charter Township Poverty Exemption Guidelines and Instructions for 2024

*** It is recommended that you read the guidelines and instructions before you fill out the application.
In some instances, you may not qualify. ***

A property owner may 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, 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).

To be considered for a poverty exemption, you <u>must</u> meet the following criteria:

- 1. The applicant must **own and occupy** the property and have a valid Principal Residence Exemption filed with the Assessor's Office.
- 2. File a Poverty Exemption Application as well as required supporting documentation with the Assessor's Office each year after January 1st but at least 5 days prior to the Board of Review meeting. No exception will be allowed to this deadline.
- 4. Ability to produce a valid driver's license, or other form of identification, if requested.
- 5. Ability to produce a deed, land contract, or other evidence of ownership of the property, if requested.
- 6. Meet the poverty income guidelines as adopted by the Township Board. These amounts are currently determined by the US Department of Health and Human Services.

Income incudes, but is not limited to; salaries, self-employment, Social Security, pensions, IRA's, unemployment compensation, worker's compensation, disability, supplemental security income (SSI), dividends, rental income, claims and judgements from lawsuits, military payments, scholarships, grants, gambling or lottery winnings, cash assistance, child support, alimony, friend or family contribution, and all other sources of income.

Poverty Guidelines Used in the Determination of Poverty Exemptions

Size of Family Unit	Poverty Guidelines (US Dept HHS +25%)
1	\$18,225
2	\$24,650
3	\$31,075
4	\$37,500
5	\$43,925
6	\$50,350
7	\$56,775
8	\$63,000
For each additional person	\$6,425

7. In addition to income limits, applicants cannot exceed the asset level test adopted by the Township Board. **Household assets cannot exceed \$25,000.**

Household assets include but are not limited to; real estate (other than primary residence), land, automobiles, recreational vehicles such as, campers, boats, and ATV's, jewelry, antiques, artwork, equipment, stocks, bonds, mutual funds, bank accounts, pensions, inheritance, federal non-cash benefits programs such as Medicare, Medicaid, food stamps, school lunches, gifts, loans, and one-time insurance payments.

To be considered for a poverty exemption, the following information <u>must</u> be provided:

- 1. The Poverty Exemption Application must be completed in its entirety.
- 2. Submit completed and signed copies of the following for all occupants of your household:
 - Michigan Homestead Property Tax Credit Claim (MI 1040 CR)
 - Michigan Income Tax Return
 - Federal Income Tax Return (1040 or 1040A)
 - State of Michigan Form 4988, if you are not required to file State or Federal income tax.
- 3. Submit income verification for yourself and all persons in the household including dependents.
- 4. Submit a list of assets and accounts for all persons in the household possession along with the value or recent statement.
- 5. The application must be legible. If you need to provide additional information, please attach a separate sheet.
- 6. Do not submit originals of supporting documentations as these are kept for records of the Board of Review.
- 7. If the application is incomplete, or if you fail to include the required documents, the exemption may be denied by the Board of Review.

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.

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.

PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information.								
Petitioner's Name				Daytime Phone Number				
Age o	of Petitioner Marital Status			Age of Spouse	Number of Legal Dependents			
Prope	rty Address of Principal Residence			City	1	State	ZIP Code	
Check if applied for Homestead Property Tax Credit Amount of Homestead Property Tax Credit								
PAR	RT 2: REAL ESTATE INF	ORMATIO	N					
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 Board of Review meeting.								
Property Parcel Code Number			Name of Mortgage Company	/				
Unpai	d Balance Owed on Principal Resid	ence	Monthly Payment	•	Length of Time at this Residence			
PAR	T 3: ADDITIONAL PROF	PERTY INF	ORMATION					
List information related to any other property owned by you or any member residing in the household.								
Check if you own, or are buying, other property. If check information below.			cked, complete the	Amount of Income Earned from other Property		m other Property		
1	Property Address			City		State	ZIP Code	
	Name of Owner(s)			Assessed Value	Date of Last Taxes Paid A		Amount of Taxes Paid	
	Property Address			City		State	ZIP Code	
2	Name of Owner(s)			Assessed Value	Date of Last Taxes	s Paid	Amount of Taxes Paid	

PART 4: EMPLOYMENT	INFORMAT	ION — List your c	current employ	ment in	formation.			
Name of Employer								
Address of Employer			City	,		State	ZIP Code	
Contact Person			Employer Tele	enhone Nu	mher			
Contact F croon		· ·	Zimpioyer reik	priorio ita				
PART 5: INCOME SOUR	CES							
List all income sources, ir accounts), unemployment judgments from lawsuits, income, for all persons re	t compensat alimony, ch	tion, disability, gov ild support, friend	ernment pensi	ons, wo	orker's compensa	ition, div	idends, claims and	
	Source	of Income			Month	ly or Ar (indicate	nnual Income which)	
							V	
						-9		
PART 6: CHECKING, SA	VINGS AND	INVESTMENT IN	NFORMATION	1				
List any and all savings accounts, postal savings, persons residing at the pr	credit unior	all household mer n shares, certificat	mbers, includi tes of deposit,	ng but cash, s	not limited to: cl stocks, bonds, or	necking similar i	accounts, savings nvestments, for all	
	Name of Financial Institution or Investments		Amount Current n Deposit Interest Rate		Name on Account		Value of Investment	
PART 7: LIFE INSURANCE	CE — List all	policies held by a	all household r	nember	rs.			
Name of Insured	Amount Policy		Policy Pa	id in	Name of Beneficiary		Relationship to Insured	
PART 8: MOTOR VEHICLE INFORMATION								
All motor vehicles (includ within the household must	ing motorcy t be listed.	cles, motor home	es, camper tra	ilers, et	tc.) held or owne	ed by ar	ny person residing	
Make		Year	ar Month		onthly Payment E		Balance Owed	
			montally i dyment			Balafice Owed		
-								

PART 9: HOUSEHOLD OC	CUPANTS	— List all p	ersons	living	in the housel	nold.			
First and Last Name		Age		Relationship to Applicant		Place of Employment		\$ Contribution to Family Income	
					7.10.110	1.1450	or L impley mont	Turniy moonic	
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						1			
				-					
								9-	
				-					
PART 10: PERSONAL DEE	BT — List a	ll personal o	debt for	all ho	usehold mem	bers.			
			Da	te					
Creditor	Purpose	of Debt	Debt of D		ebt Original Bala		onthly Payment	Balance Owed	
7									
DADT 44. MONTH V EVE									
PART 11: MONTHLY EXPE									
The amount of monthly exp necessary.	enses rela	ted to the p	orincipal	resid	ence for eac	h catego	ry must be listed	I. Indicate N/A as	
Heating	Electric			Water			Phone		
Cable	Food			Clothing			Health Insurance		
Oathana									
Garbage		Daycare				Car Expense (gas, repair, etc.)			
Other (type and amount) Other (type		Other (type an	d amount)			Other	Other (type and amount)		
Other (type and amount) Other (type and amount)		ı	nd 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 ACKNOWLEDGMENT						
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 information f	or the person owning a	nd occupying the	residence.			
Owner Name		Owner Telephone Number				
	Tau					
Mailing Address	City	Sta	te ZIP Code			
PART 2: LEGAL DESIGNEE INFORMATION (Complete	if applicable)					
Legal Designee Name	п аррпсавіс.)	Daytime Telephone Nu	mber			
Mailing Address	City	Sta	te ZIP Code			
PART 3: HOMESTEAD PROPERTY INFORMATION — City or Township (check the appropriate box and enter name)	Enter information for prop	erty in which the exe	emption is being claimed.			
		County				
Name of Local School District						
Parcel Identification Number	Year(s) Exemption Previousl	v Granted by Board of Re	view			
T GOOD TO THE TOTAL OF THE TOTA	Tour(s) Exemplion 1 Tourousi	y Cramed by Board or No	Wich			
Homestead Property Address	City	Sta	te ZIP Code			
PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANO	Y, AND INCOME STAT	US (Check all box	xes that apply.)			
I own the property in which the exemption is being	claimed.					
The property in which the exemption is being claim as any dwelling with its land and buildings where a			d is generally defined			
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.						
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		Date			
Designee must attach a letter of authority.						
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)						
Approved Denied (Attach appeal instructions and	d provide to owner.)	Tax Year(s) exempti	on will be posted to tax roll			
CERTIFICATION — I certify that, to the best of my kno accurate.	wledge, the information	contained in this	form is complete and			
Assessor Signature		Date Certified by Asses	ssor			
Assessor Signature		Date Certified by Asses	ssor			
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