# CITY OF MT. MORRIS REQUIREMENTS FOR POVERTY EXEMPTION

In order to be eligible for the poverty exemption, the claimant must do and meet all of the following requirements on an annual basis:

#### REQUIREMENTS

- 1. The applicant <u>must</u> own and occupy as a homestead the property for which the exemption is requested. The applicant <u>must</u> also produce a valid driver's license or other form of identification showing place of residence.
- 2. The applicant <u>must</u> file form 5737, Application for MCL 211.7u Poverty Exemption and form 5739, Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty, with the board of review as provided by the Mt Morris City Assessor's Office. It must be received between January 1 of each year and the day prior to the last scheduled meeting day of the Board of Review for that year. Note: The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the right to appeal to the Michigan Tax Tribunal.
- 3. Applicant <u>must</u> provide federal and state income tax returns for all persons residing in the homestead including any property tax credit returns. These income tax returns may be those filed in the current year or in the immediately preceding year. Any additional information regarding the poverty application must be in writing and attached to the petition form (<u>Note</u>: If an applicant is not required to file a federal or state income tax return then they must show proof of income and file the attached affidavit (Form 4988) for all persons residing in the residence who were not required to file federal or state tax returns for the current or preceding tax year.
- 4. The applicant must produce a deed, land contract or other evidence of ownership of the property for which an exemption is requested to support the information provided on the Poverty Petition, if requested by the Assessor or Board of Review.
- 5. An applicant must meet the federal poverty guidelines for the total household income as 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, as attached. Income includes, but is not limited to: Money, wages, salaries before deductions, regular contributions from persons not living in the residence Net receipts from non-farm or farm self-employment (receipts from a person's own business, professional enterprise, or

partnership, after business expense deductions) • Regular payments from social security, railroad retirement, unemployment, worker's compensation, veteran's payments, public assistance, supplemental security income (SSI) • Alimony, child support, military family allotments • Private and governmental retirement and disability pensions, regular insurance, annuity payments • College or university scholarships, grants, fellowships, assistantships • Dividends, interest, and net income from rentals, royalties, estates, trusts, gambling or lottery winnings

- 6. Meet the asset level test, which is established to be: The claimant's and household's total assets, excluding the principal residence, do not exceed Ten Thousand dollars (\$10,000). Applicants must provide a list of all assets when applying for the poverty exemption. Assets include, but are not limited to:
  - A second home, land, vehicles Recreational vehicles such as campers, motor-homes, boats and ATV's Buildings other than the residence Jewelry, antiques, artworks Equipment, other personal property of value Bank accounts (over a specified amount), stocks Money received from the sale of property, such as, stocks, bonds, a house or car (unless a person is in the specific business of selling such property) Withdrawals of bank deposits and borrowed money Gifts, loans, lump-sum inheritances, and one-time insurance payments Page 3 Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms Federal non-cash benefits programs such as Medicare, Medicaid, food stamps and school lunches.
  - a. The following assets are excluded from this limit:
    - i. the applicant's homestead property,
    - ii. the applicant's normal household personal property and clothing,
    - iii. one vehicle used for personal transportation and titled to a member of the household.
    - iv. assets not accessible to the applicant, co-owner, or any member of the applicant's household.
- 7. The Poverty Exemption applicant must provide additional relevant documentation if requested by the Assessor or Board of Review in order to fully investigate an application.

#### **GUIDELINES FOR GRANTING POVERTY EXEMPTIONS:**

MCL 211.7u(5) states that if a person claiming the poverty exemption meets all eligibility requirements, the Board of Review shall grant the poverty exemption, in whole or in part, as follows: 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 for the year in which the exemption is granted.

Poverty Exemptions must be processed annually. Under no circumstances will a poverty exemption be extended for a subsequent year without renewal of the poverty petition.

## APPEAL OF POVERTY EXEMPTIONS TO THE MICHIGAN TAX TRIBUNAL:

A property owner may appeal the March Board of Review's decision on a poverty exemption to the Michigan Tax Tribunal. This appeal must be made by June 30. A property owner may appeal the July Board of Review's decision or December Board of Review's decision to the Michigan Tax Tribunal within 35 days from the date of the decision. The assessor may also appeal a Board of Review's decision on a poverty exemption to the Michigan Tax Tribunal.

## Federal Poverty Guidelines Used in the Determination of Poverty Exemptions for 2024

Size of Family Unit	<b>Poverty Guidelines</b>
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560
For each additional person	\$5,140

### 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 IN	ORMATION -	- Petitioner must l	ist all required persor	nal informati	on.	១៩ នេះ			
Petitioner's Name	· · · · · · · · · · · · · · · · · · ·			Daytime Phor	ne Number				
Age of Pelitioner	Marital Status	<u> </u>	Age of Spouse	N	umber of Legal	Dependents			
_									
Property Address of Principal Resid	ence		City		State	ZIP Code			
			Amount of Homestead Property Tax Credit						
Check if applied for	Homestead P	roperty Tax Credit	Amount of Homostoda 1 10	only ran erean					
PART 2: REAL ESTATE	INFORMATIO	N							
List the real estate inform	nation related t	to vour principal res	sidence. Be prepared	to provide a	a deed, lan	d contract or other.			
evidence of ownership or	the property a	at the Board of Rev	view meeting.	•		and the			
Property Parcel Code Number	<del></del>		Name of Mortgage Compar	ту					
	·····				adia Darid	;			
Unpaid Balance Owed on Principal	Residence	Monthly Payment		Length of IIm	ne at this Reside	ence			
Property Description					······································				
PART 3: ADDITIONAL P	ROPERTY IN	FORMATION							
List information related to	any other pro	perty owned by yo	ou or any member res	iding in the	household	•			
Check if you own, or are buying, other property. If ch			ecked, complete the	ecked, complete the Amount of Income Earned from other Property					
information below.	. a. o sayg, o	and property:							
Property Address			City		State	ZIP Code			
1	<del></del>			I Bata attack	T Dold	Amount of Taxes Paid			
Name of Owner(s)			Assessed Value	Date of Last	iaxes raio	Amount or laxes raid			
Property Address	<del></del>		City		State	ZIP Code			
Name of Owner(s)			Assessed Value	Date of Last	Taxes Paid	Amount of Taxes Paid			

PART 4: EMPLOYMENT	INFORMAT	ION -	- List your cu	ırrent emple	oyment i	nformation.			
Name of Employer									
Address of Employer	Address of Employer						State	ZIP Code	
Contact Person	·			Employer ]	elephone N	lumber	<u> </u>		
Contact Person				Linployer	cropnone r				
PART 5: INCOME SOUR	CES			21. T. T.					
List all income sources, in accounts), unemployment judgments from lawsuits, income, for all persons re	t compensat alimony, ch	ion, d ild su	disability, gove upport, friend	ernment per	ısions, v	vorker's compensa	ition, divi	dends, claims and	
	Source	of Ir	ncome		Monthly or Annual Income (indicate which)				
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PART 6: CHECKING, SA								**************************************	
List any and all savings accounts, postal savings, persons residing at the pr	credit unior	ali ho n sha	usehold men res, certificate	nbers, inclu es of depos	ding bu it, cash,	t not limited to: cl stocks, bonds, or	necking similar i	accounts, savings nvestments, for all	
Name of Financial Ins or Investments	I I		Amount n Deposit	Current Interest Ra	- 1			Value of Investment	
DADE Z. LICE INCLIDANCE	>F	1 1:	sian hald by a	II househol	d momb	ore	,		
PART 7: LIFE INSURANCE	Amount		Monthly	Policy	Paid in			Relationship to	
Name of Insured	Policy	'	Payments	Fu	ıll	Name of Bene	ficiary	Insured	
PART 8: MOTOR VEHICL	F INFORM	ATIO	N					<u></u>	
All motor vehicles (includ within the household mus	ling motorcy			s, camper	trailers,	etc.) held or own	ed by a	ny person residing	
		T							
Make			Year		Monthly Payment Bal			alance Owed	

PART 9: HOUSEHOLD OC	CUPANTS -	<ul><li>List all per</li></ul>	ersons li	ving i	n the househ	iold.			
First and Last N	lame		Age		elationship Applicant	Pla	ce of E		\$ Contribution to Family Income
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PART 10: PERSONAL DEE	BT — List all	personal c	lebt for a	ll ho	usehold mem	bers.			
		cm.14	Dat		Original Ba	lana	Mont	hly Baymant	Ralanco Owed
Creditor	Purpose	of Debt	of De	Dt	Original Ba	nance	SIMIOUT	illy Fayillelit	Balance Owed
					<u> </u>				
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	***************************************								
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PART 11: MONTHLY EXPE	NSE INFOR	RMATION							
The amount of monthly expressary.	penses relat	ed to the p	orincipal	resid	lence for eac	ch ca	tegory	must be liste	d. Indicate N/A as
Heating	Electric			Water	r			Phone	
Cable	Food			Clothing			Health Insurance		
Garbage	1	Daycare		<u> </u>			Car Exper	ise (gas, repair, etc	:.)
Other (type and amount)		Other (type ar	nd amount)				Other (typ	e and amount)	
Other/hims and amount)		Other (type ar	ther (type and amount)				Other (type and amount)		
Other (type and amount)		Ottier (type at	is amount)			1	(1) 8		

**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	
used for the granting of exemptions under MC the federal poverty guidelines published in the of Health and Human Services under its authorated by the governing body of the local a eligibility requirements less than the federal the specific income and asset levels of the class.	it shall determine and make available to the public of L 211.7u. In order to be eligible for the exemption, prior calendar year in the Federal Register by the Uprity to revise the poverty line under 42 USC 9902, assessing unit so long as the alternative guidelines guidelines. The policy and guidelines must includational among total household income and assets. The the guidelines adopted by the local assessing unit the guidelines adopted by the local assessing unit to the second se	the applicant must meet in the applicant must meet in the states Department or alternative guidelines is do not provide income e, but are not limited to, see combined assets of all
The applicant has reviewed the applications specific income and asset levels of the contract the contract that is a specific and the contr	able policy and guidelines adopted by the city or claimant and total household income and assets.	township, including the
PART 12: CERTIFICATION		
I hereby certify to the best of my knowledge t eligible for the exemption from property taxes	hat the information provided in this form is comple pursuant to Michigan Compiled Law, Section 211	te, accurate and I am 20 13 .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 an	nd occupying the	he reside	ence. cate t		
Owner Name				Owner Telephone Number			
		City	L	State	ZIP Code		
Mailing Address		City		June	<u> </u>		
PART 2: LEGAL DESIGNEE INFORMATION (	Complete if	applicable.)			.30 1.4		
Legal Designee Name			Daytime Telephon	e Number			
Mailing Address		City		State	ZIP Code		
PART 3: HOMESTEAD PROPERTY INFORMA	VIION — Er	nter information for prope	erty in which the	exempti	on is being claimed.		
City or Township (check the appropriate box and enter name)  City Township Village			County				
		·	<u></u>		· · · · · · · · · · · · · · · · · · ·		
Name of Local School District							
Parcel Identification Number		Year(s) Exemption Previously	Granted by Board	of Review			
	İ						
Homestead Property Address		City		State	ZIP Code		
			1.0.40	<u> </u>			
PART 4: AFFIRMATION OF OWNERSHIP, OC	CUPANCY,	AND INCOME STAT	ບຣ (Check all	poxes ti	nat 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> <li>PART 5: CERTIFICATION</li> <li>I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive</li> </ul>							
an exemption from property taxes by reason of	poverty pur	rsuant to Michigan Co	mpiled Law, §	Section 2	?11.7u. 		
Owner or Legal Designee Name (print)	Signature of C	Owner or Legal Designee		Di	ate		
Designee must attach a letter of authority.							
LOCAL GOVERNMENT	USE ONLY	(DO NOT WRITE BE	LOW THIS L	NE)			
Approved Denied (Attach appeal instr			Tax Year(s) exe	mption wil	l be posted to tax roll		
CERTIFICATION — I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.							
Assessor Signature			Date Certified by	Assessor			

### **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,	pal residence that is the subje	, swear and affirm by my signature below that leact of this Application for Poverty Exemption and that	
for the current tax	year and the preceding tax ye	ar, I was not required to file a federal or state income	,
tax return.			
	al Residence:		
S	ignature of Person Making Affi	davit Date	