

Tax Year \_\_\_\_\_

Petition No. \_\_\_\_\_

Parcel No. 03-54- - -

**CITY OF OTSEGO**  
**Poverty Tax Exemption Application**

**CITY OF OTSEGO GUIDELINES FOR POVERTY EXEMPTION:**

- 1. Must own and occupy the property as a homestead.**
- 2. File a Poverty Exemption Application with federal and state income tax returns for ALL persons residing in the homestead, including any homestead property tax credit returns and/or Statement of Benefits Paid from Michigan Department of Social Services or Social Security Administration.**
- 3. Have an annual income meeting the federal poverty income standards determined annually by the United States Department of Health and Human Services.**
- 4. Have annual taxable and non-taxable interest/dividend income less than \$1,000.**
- 5. Have total non-homestead assets of less than \$25,000.**
- 6. Produce a valid driver's license or other form of identification, if requested.**
- 7. Produce evidence of ownership, if requested.**
- 8. Applicant does not have ownership interest in any real estate other than homestead.**
- 9. Poverty exemption may be granted for a maximum period of three (3) consecutive years (determined annually). Board of Review may grant an exemption to this maximum period if the applicant is over age 65 or permanently disabled.**
- 10. File poverty exemption application after January 1, but before the day prior to the last day of the board of review.**

POVERTY EXEMPTION as defined by the Michigan Compiled Laws is as follows:

Section 211.7u: The homestead of persons who, in the judgement 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.

Please be aware that as an applicant for Poverty Exemption you must also comply with the following section of the Michigan Compiled Laws:

Section 211.118: Perjury: Any persons, under any of the proceeding required or permitted by that act shall willfully swear falsely, will be guilty of perjury and subject to its penalties.

Section 211.119: Willful Neglect: Penalty - ... a person who willfully neglects or refuses to perform a duty imposed upon that person by this act, when no other provision is made in this act, is guilty of a misdemeanor, punishable by imprisonment for not more than 6 months, or a fine of not more than \$300.00, and is liable to a person injured to the full extend of the injury sustained.

If you have any questions regarding the above requirement or need assistance in completing the application feel free to contact the Otsego City Assessor Kevin Harris at (269) 663-3057.

Petition No. \_\_\_\_\_

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## POVERTY EXEMPTION APPLICATION

### PETITIONER INFORMATION

Name: \_\_\_\_\_ Age Under 65 { } Age Over 65 { }

Property Address: \_\_\_\_\_ Homestead Percentage \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

#### Marital Status

#### Employment Status

- Married
- Divorced
- Widowed
- Separated
- Single

- Employed Full-Time
- Employed Part-Time
- Retired
- Unemployed

### GENERAL INFORMATION

1. Monthly House Payment: \_\_\_\_\_ Tax Included?  Yes  No
2. Number of years remaining on the mortgage/land contract: \_\_\_\_\_
3. Are your property taxes paid?  Yes  No
4. Did you apply for a poverty exemption last year?  Yes  No  
If Yes, how many years have you applied? \_\_\_\_\_
5. Do you have an ownership interest in any other real estate?  
 Yes  No Location: \_\_\_\_\_
6. Have any improvements, changes or additions been made to the property in the last 2 years?  Yes  No If yes, please explain: \_\_\_\_\_
7. Does anyone contribute to your support?  
 Yes - Amount \$ \_\_\_\_\_  No  
Explain: \_\_\_\_\_

INCOME/EXPENSE INFORMATION
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Please list all sources of your personal income. please indicate the amount from each source on an annual basis.

Employment	
Pension	
Social Security/SSI	
Rental Income	
Unemployment/Worker's Compensation	
Capital Gains/Losses	
General Assistance	
ADC	
Interest (Taxable/Non-Taxable)	
Dividends	
Child Support	
Other Income (Food Stamps, Etc.)	
<b>TOTAL INCOME</b>	

What was the total income from all sources of everyone living in your household for the past 2 years?

Last Year: \_\_\_\_\_ Prior Year: \_\_\_\_\_

Any major expenses?

Medical Premiums: \_\_\_\_\_

Out-Of-Pocket Medical: \_\_\_\_\_

Other Expenses: \_\_\_\_\_

RESIDENT STATUS

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed As Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ASSET INFORMATION

1. What are your current assets in addition to the real estate noted previously?

Cash	\$ _____
Savings Accounts/Certificates & Money Markets	\$ _____
Checking Accounts	\$ _____
Stocks/Bonds/Treasury Bills	\$ _____
Other	\$ _____
Investments	\$ _____
IRA, Keogh Annuities, Deferred Compensation	\$ _____
Personal Property held as an investment (i.e., gems, jewelry, coin collection, etc.)	\$ _____

2. Vehicles, Cars, Trucks, Boats, Trailers, Etc.

	1	2	3
Make			
Model			
Year			
Value			
Balanced Owed			

LOAN DEBT

PLEASE INCLUDE ALL OUTSTANDING LOANS, CREDIT CARDS, MORTGAGES OR LAND CONTRACTS. (Attach additional sheet if necessary).

To Whom	
Address	
Monthly Payment	
Current Balance	

To Whom	
Address	
Monthly Payment	
Current Balance	

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**PLEASE READ CAREFULLY**

I/We, am/are, unable to pay the full property taxes on the above described property and hereby make this application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I/We have read this application and fully understand the contents thereof. I/We declare that the statements made herein 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 211.119 of the Michigan Compiled Laws.

Petitioner's Signature: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ County, Michigan.

My Commission Expires: \_\_\_\_\_

**INTERVIEWER'S COMMENTS**

Additional information required before consideration of poverty exemption:

- Federal income tax returns
- Federal income tax return supporting documents
- State income tax returns
- Michigan property tax credit form (MI1040CR)
- Federal and state income tax returns for other individuals residing in homestead
- Eligibility notice form Michigan Department of Social Services
- Proof of ownership
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Required information must be filed by March \_\_\_\_, 20\_\_.

Applicant: \_\_\_\_\_

Interviewer's Initials: \_\_\_\_\_

Date: \_\_\_\_\_