

Spring Lake Township
Specific Requirements for Poverty Exemption

Poverty Exemption Asset Test

1. The total taxable value reduction to the homestead from any hardship exemption shall not exceed the largest allowable income listed on the published Poverty Guidelines.
2. A hardship exemption shall not be granted to any applicant whose total liquid assets exceed \$1,500.
3. Under no circumstances shall a hardship exemption be granted to any applicant who owns any interest in marketable real estate in addition to their principle residence.

Proposed February 11, 2008

Following are the federal poverty guidelines for use in setting poverty exemption guidelines for 2012 assessments.

Size of Family Unit	Poverty Guidelines
1	\$ 10,900
2	\$ 14,700
3	\$ 18,500
4	\$ 22,400
5	\$ 26,200
6	\$ 30,000
7	\$ 33,800
8	\$ 37,600
For each additional person	\$3,800

Hardship Exemption Application

I, _____, being the owner and resident of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act, (the real and personal property of persons who, in the judgment of the supervisor and board of review, by reason of poverty are unable to contribute toward the public charges, are exempt from taxation under this act).

Property Code Number: _____

Property Description: _____

Property Address: _____ Phone () _____

Marital Status: _____

Age of Applicant: _____ Age of Spouse: _____

Number of Dependents: _____ Age of Dependents: _____

Have you applied for Homestead Property Tax Credit this Year? _____

How much was your Property Tax Credit? _____

ATTACH COPY OF 1040 CR AND FEDERAL OR STATE INCOME TAX RETURN, IF FILED FOR THE CURRENT YEAR.

REAL ESTATE: Is home paid for? _____ Unpaid balance _____

Name of Mortgage Co. _____ Monthly Payment _____

How long have you lived at this residence? _____

Do you own, or are you buying any other property? _____

If so, list below:

Property Address	Name of Owner	Assessed Value	Amount and Date of Last Taxes Paid

Income earned from above property \$ _____

Name of Employer _____

Address _____

Phone No. () _____

List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, workers' compensation, dividends, claims and judgements from lawsuits, alimony, child support and any other source.

Source of Income	Monthly or Annual Income

SAVINGS AND INVESTMENTS: List all savings owned by you or your spouse, including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds or similar investment.

NAME OF FINANCIAL INSTITUTION OR INVESTMENTS	Amount on Deposit	Name on Account	Value of Investment

LIFE INSURANCE: List all policies held by you and your spouse

Insured	Amount of Policy	Amt. Paid Monthly	Paid Up Policy	Name of Beneficiary	Relationship to Insured

MOTOR VEHICLES IN HOUSEHOLD:

Make	Year	Monthly Payment	Balance Owed

LIST ALL PERSONS LIVING IN HOUSEHOLD:

Last Name	First Name	Age	Relationship to Claimant	Place of Employment	Contribution to Family Income

PERSONAL DEBTS:

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

MONTHLY EXPENSES:

UTILITIES _____ FOOD _____ PHONE _____
 CLOTHING _____ HEAT _____ CAR EXPENSE _____

OTHER (Specify) _____

OTHER ASSETS: List all other assets and their values that are owned or controlled by you. (For example, boats, coin collection, antiques, silver)

Type of Asset	Value	Owner

Reason for Requesting Exemption

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.

NOTICE: A copy of your latest federal income tax return, state income tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1,2,3 or 4) must be attached as proof of income.

NOTE: Do not sign until witnessed by the supervisor, assessor or board of review.

STATE OF MICHIGAN

COUNTY OF Ottawa

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

Petitioner
Subscribed and sworn this _____ day of _____, 20 _____.

Assessor, Supervisor, Board of Review Member or Notary Public

This application must be returned no later than the date of
March 13, 2012, July 17, 2012, or December 11, 2012. These are the dates the Boards of Review.

Please return this form to Spring Lake Township
Attn: Assessing Department
106 S. Buchanan St.
Spring Lake, MI 49456

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FOR BOARD OF REVIEW USE

Disposition by Board of Review Date _____

Denied: _____ Approved: _____ Assessment reduced to _____

Supervisor _____ Chairperson _____ Second Member _____ Third Member _____

Decisions may be appealed to Michigan Tax Tribunal