MARENGO TOWNSHIP POVERTY EXEMPTION APPLICATION

POLICY AND GUIDELINES 2024 TAX YEAR

A. POLICY

The Township Assessor and Board of Review will analyze all <u>properly submitted</u> applications for Poverty Exemptions, according to amended P.A.390 of 1994, section 211.7u of the Michigan Compiled Laws (MCL). Every taxpayer will be treated the same, and the items to be considered and the manner in which they will be analyzed are listed under the following guidelines.

B. APPLICATION GUIDELINES:

To be eligible for a Poverty Exemption you must complete all of the requirements below:

- 1) The primary applicant(s) must own and occupy the property as their principal residence. All owners and all <u>occupants</u> of the residence are required to include their financial information in the application process
- Provide a copy of each person's valid Driver's license or State ID
 Deed to property or Land Contract
 Form 5737 (Application for Poverty Exemption must be filed)
 Form 5739 (Affirmation of Ownership and Occupancy must be filed)
- 3) All owners and occupants must include (A current year, or, immediately preceding year) signed Federal Tax Returns & Michigan Income Tax Returns; including all supporting schedules, including any property tax credits. All submitted returns must be signed and dated. Form 4988 (Poverty Exemption Affidavit) may be filed for any person that was not required to file tax returns.
- 4) Income and Asset information are required for all owners and occupants of the property. Information regarding exemptions for dependents, elderly and disabled obtained from the Federal and Michigan Income Tax Returns will be noted.
- 5) You must apply on or after January 1 but before the day prior to the last day of the December Board of Review in the year the exemption is requested.
- 6) Must meet federal poverty guidelines for current year, or, alternative guidelines adopted by the local Board of Review and Assessing Unit. Also, must meet the asset level test adopted by the local assessing unit.

C. EVALUATION PROCEDURE

- 1. Applications may be reviewed by the Board of Review without the applicants being present. However, the Board may request that an applicant or their representative be available to respond to any questions the Board or Assessor may have. Board of Review meeting schedules will be made available to the applicants.
- 2. If requested, the applicants should be prepared to answer questions regarding their financial affairs, their health, and the status of people living in the household; and reasons why they are unemployed.
- 3. The Board of Review will follow the approved policy and guidelines to determine eligibility and the amount of the exemption (100%, 50%, or 25% exemption) The exemption percentage will be based on all of the information that is submitted to the Board.
- 4. The Board of Review must agree as to the disposition of the poverty claim for the exemption to be granted.
- 5. All information is subject to verification. The verification process can determine future ineligibility.
- 6. The Supervisor will keep minutes of all proceedings before the Board of Review. All meetings are to be held in a municipal building.
- 7. A person filing a poverty exemption claim may also appeal the same parcel assessment before the current March Board of Review.
- 8. The Board of Review shall follow the policy and guidelines of the Township in granting or denying an exemption under this section.

Asset and Income sources include but are not limited to the following;

Inheritances

Income from all sources:

Interest Alimony
Social Security Dividends
Pensions Insurance
IRA/Keogh Annuities Cash
Checking/Savings Accounts
Deferred Compensation Money Marke

New or Reverse Mortgages
Campers, motor homes ATV

Violity Markets

Gifts

Jewelry, artwork

Food stamps, school lunches

Alimony Child Support
Dividends Unemployment
Insurance General Assistance
Cash Retirement Accounts
Stocks/Bonds Investments (Tangible/Intangible)

Money Markets Assets in Trust Accounts
Gifts A second home or land

A second home or land

Equipment other than personal prop

additional vehicles

D. INCOME AND ASSET TESTS

1. INCOME TEST:

The total household income shall not be higher than the current year Poverty Guidelines below: The Michigan homestead property tax credit cannot be considered as income for the exemption.

WBT POVERTY GROSS INCOME/ASSET SCHEDULE

Family Size	Income Schedule
1.	\$19,720
2.	\$24,860
3.	\$30,000
4.	\$35,140
5.	\$40,280
6.	\$45,420
each additional person	\$5,140

2. ASSET TEST:

- a.) If the investment-value of the applicant's assets calculates, at the stated interest rate, an income stream when added to the applicant's reported income, a sum that is less than the stated household income guidelines; then a poverty exemption may be granted. Underutilized assets and assets available for Investment will have an income stream estimated and included in the (IVY) calculations.
- b) When income produces a sum greater than the stated household income guidelines, a poverty exemption may be denied. If the applicant's assets are of an amount which would indicate that a condition of poverty is not indicated, then a poverty exemption shall be denied. Liquid assets in excess of \$2,000 will be considered assets available for property tax payments.

E. CALCULATIONS:

- 1) The investment Value Yield (IVY) is calculated by multiplying the applicants' total assets available by the stated interest rate indicated below:
 - 2.50% savings, cash, money market, other short term assets
 - 4.00% stocks, bonds, other long term securities
 - 4.00% other long term assets.

Long term assets available for (IVY) calculations are defined as property underutilized whether real property or investment property. (see asset and income source examples)

- 2) The Total Household Income calculation includes the applicants' total income and assets determined from information requested above plus the (IVY) determined form Part E (1). Submit all appropriate documents needed to verify the application. (Income + Investment Value Yield = Total Household Income (THI)
- 3) Total Household Income is compared to the current Township Poverty Income Schedule adopted by the Township Board.

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, reside in the principal residence that is the subject for the current tax year and the preceding tax year, tax return.	, swear and affirm by my signature below that I of this Application for Poverty Exemption and that I was not required to file a federal or state income
Address of Principal Residence:	
Signature of Person Making Affidavi	t Date

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.

PAR	T 1: PERSONAL INFOR	RMATION -	- Petitioner must I	ist all required person	al information	nn.			
PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information. Petitioner's Name Daytime Phone Number									
Age of	Petitioner	Marital Status		Age of Spouse	<u> </u>				
Age o	1 Guionei	Marital Status	'	Age of Spouse	N	umber of Legal	Dependents		
Prope	rty Address of Principal Residence	L.,,,,,		City	<u>-</u>	State	ZIP Code		
	Check if applied for Hor	mestead Pi	roperty Tax Credit	Amount of Homestead Prope	erty Tax Credit				
PAR	T 2: REAL ESTATE INF	ORMATIO	N			200-10			
List	the real estate information	on related t	o your principal res	sidence. Be prepared	to provide a	a deed. lan	d contract or other		
evid	ence of ownership of the	property a	at the Board of Rev	iew meeting.					
Prope	ty Parcel Code Number	***************************************		Name of Mortgage Company	······································		W. H		
Unnai	d Balance Owed on Principal Resid	longo	Monthly Payment		T				
Oripan	balance Owed on Findipal Resid	ence	Monthly Payment		Length of Time at this Residence				
Prope	ty Description	······		10.	1				
PAR	T 3: ADDITIONAL PRO	PERTY IN	EOPMATION .						
						**************************************	***		
List	information related to an	y other pro	perty owned by yo	u or any member resid	ding in the h	nousehold.	•		
Check if you own, or are buying, other property. If checked, complete the				om other Property					
1	information below.			_					
	Property Address			City		State	ZIP Code		
1	Name of Owner(s)		Assessed Value	Date of Last Taxes Paid Amount of		Amount of Taxes Paid			
	Property Address			City		State	ZIP Code		
2	Name of Owner(s)			Assessed Value	Date of Last T	axes Paid	Amount of Taxes Paid		
		31.4.a					Tanada Andrews		

PART 4: EMPLOYMENT INFORMATION — List your current employment information.								
Name of Employer						***************************************		
Address of Employer	dress of Employer City					State	ZIP Code	
Contact Person				Employer Tele	phone l	Number	L	<u> </u>
PART 5: INCOME SOUR	CES				*************************************			
List all income sources, in accounts), unemployment judgments from lawsuits, income, for all persons re	t compensa alimony, ch	tion, disabi iild suppor	ility, gover t, friend o	nment pensi	ons, v	vorker's compensa	tion, divi	dends, claims and
	Source	e of Incom	le .			Month	ly or An (indicate	nual Income which)
	Market and the second seco	·						
PART 6: CHECKING, SA	VINGS AND	INVEST	MENT INF	ORMATION				
List any and all savings accounts, postal savings, persons residing at the pr	credit union	all househ n shares, c	old memb certificates	pers, includir s of deposit,	ng bu cash,	t not limited to: ch stocks, bonds, or	ecking a similar ir	accounts, savings nvestments, for all
i i			Amount Current on Deposit Interest Rate Nam		Name on Accou	lame on Account		

PART 7: LIFE INSURANCE	E — List a	Il policies h	eld by all	household n	nemb	ers.		
Name of Insured	Amount Policy		lonthly yments	Policy Pa Full	id in	Name of Benef	iciary	Relationship to Insured
			* ** - * - * * * * * * * * * * * * * *					
PART 8: MOTOR VEHICL	E INFORM	ATION			***			
All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.								
Make			V			Alaba Danasa d	_	
Mare	Make Year			Monthly Payment Balance			lance Owed	
7577								
7000 Marie - Marie - 100 Marie	VII				······································			

PART 9: HOUSEHOLD OCC	CUPANTS -	- List all po	ersons li	ving	in the househ	old.			·
First and Last Name		Age		Relationship to Applicant F		Plac	Place of Employment		\$ Contribution to Family Income
							<u> </u>		r uniny moonie
						-	······································		

PART 10: PERSONAL DEB	T — List all	personal d	ebt for a	all hou	usehold mem	bers.	***************************************		Market Viviania de la constanta
	_		Dat						
Creditor	Purpose	of Debt	of De	ebt	Original Ba	lance	Mont	hly Payment	Balance Owed
		1							
	·								
	- Market								
PART 11: MONTHLY EXPE	NSE INFOR	RMATION							
The amount of monthly exp necessary.	enses relat	ted to the p	orincipal	resid	ence for eac	h cate	gory	must be listed	I. Indicate N/A as
Heating	Electric			Water			· · · · · · · · · · · · · · · · · · ·	Phone	
Cable	Food			Clothing			Health Insurance		
Garbage		Daycare	······································	L		Ca	r Exper	se (gas, repair, etc.)
Other (type and amount)		Other (type an	nd amount)		Ot	Other (type and amount)			
Other (type and amount) Other (type a		Other (type an	and amount)		Ot	Other (type and amount)		1	
		L							

Continue and sign on Page 4

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 ACK	NOWLEDGMENT					
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	for the person owning a	nd occupying the	e resid	ence.		
Owner Name		Owner Telephone No				
Mailing Address	City	S	State	ZIP Code		
PART 2: LEGAL DESIGNEE INFORMATION (Complete	e if applicable.)					
Legal Designee Name		Daytime Telephone I	hone Number			
Mailing Address	City	S	State	ZIP Code		
PART 3: HOMESTEAD PROPERTY INFORMATION -	Enter information for prop	erty in which the	exempti	on is being claimed.		
City or Township (check the appropriate box and enter name)		County		and boing claimed.		
City Township Village						
Name of Local School District						
Parcel Identification Number	Year(s) Exemption Previous	y Granted by Board of	Review			
Homestead Property Address	City	S	State	ZIP Code		
PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANG	CY, AND INCOME STAT	US (Check all b	oxes t	nat apply.)		
 I own the property in which the exemption is being claimed. 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. 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	nature of Owner or Legal Designee		Da	ite		
Designee must attach a letter of authority.						
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)						
			Tax Year(s) exemption will 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 Ass	sessor			