### MARENGO TOWNSHIP POVERTY EXEMPTION APPLICATION

#### POLICY AND GUIDELINES 2025 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;

Income from all sources : Interest Social Security Pensions IRA/Keogh Annuities Checking/Savings Accounts Deferred Compensation New or Reverse Mortgages Campers, motor homes ATV Food stamps, school lunches

Alimony Dividends Insurance Cash Stocks/Bonds Money Markets Gifts Jewelry, artwork Inheritances

Child Support Unemployment General Assistance Retirement Accounts Investments (Tangible/Intangible) Assets in Trust Accounts 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.	\$15,813					
2.	\$21,462					
3.	\$27,111					
4.	\$32,760					
5.	\$38,409					
6.	\$44,058					
each additional person	\$5,649					

#### 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:**

The investment Value Yield (IVY) is calculated by multiplying the applicants' total assets 1) 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)

Total Household Income is compared to the current Township Poverty Income Schedule 3) 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, \_\_\_\_\_\_, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence: \_\_\_\_\_

Signature of Person Making Affidavit

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.

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Petitioner's Name				Daytime Phone Number					
5	Age of Spouse	Num	nber of Legal Dependents						
Property Address of Principal Residence City			State	ZIP Code					
Check if applied for Homestead Property Tax Credit			Amount of Homestead Property Tax Credit						
N									
		to provide a c	leed, lar	nd contract or other					
	Name of Mortgage Company	/							
Unpaid Balance Owed on Principal Residence Monthly Payment			Length of Time at this Residence						
PART 3: ADDITIONAL PROPERTY INFORMATION									
operty owned by yo	u or any member resi	ding in the ho	usehold						
Check if you own, or are buying, other property. If checked, completinformation below.				Amount of Income Earned from other Property					
	City		State	ZIP Code					
	Assessed Value	Date of Last Taxes Paid		Amount of Taxes Paid					
	City		State	ZIP Code					
	Assessed Value	Date of Last Tax	es Paid	Amount of Taxes Paid					
	roperty Tax Credit  N to your principal res at the Board of Rev Monthly Payment FORMATION operty owned by yo	s Age of Spouse City Property Tax Credit Amount of Homestead Property To your principal residence. Be prepared at the Board of Review meeting. Name of Mortgage Company Monthly Payment Monthly Payment FORMATION Operty owned by you or any member residenter property. If checked, complete the City Assessed Value City City	Baytime Phone i         s       Age of Spouse       Num         City       Amount of Homestead Property Tax Credit         Property Tax Credit       Amount of Homestead Property Tax Credit         DN       Ito your principal residence. Be prepared to provide a cat the Board of Review meeting.         Name of Mortgage Company       Name of Mortgage Company         Monthly Payment       Length of Time a         Monthly Payment       Length of Time a         FORMATION       Operty owned by you or any member residing in the hore         other property. If checked, complete the       Amount of Incom         City       City         City       Date of Last Tax	s       Age of Spouse       Number of Lega         City       State         Property Tax Credit       Amount of Homestead Property Tax Credit         DN       Image: Company         to your principal residence. Be prepared to provide a deed, lar         at the Board of Review meeting.         Name of Mortgage Company         Monthly Payment         Length of Time at this Resid         property owned by you or any member residing in the household         pother property. If checked, complete the         City       State         City       State         City       State         City       State					

Continue on Page 2

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Name of Employer							9.4 m 2 m 4 m 7 m 7 m 7 m 7 m 7 m 7 m 7 m 7 m 7	
Address of Employer			City	City			ZIP Code	
Contact Person			Employer Telep	Employer Telephone Number				
PART 5: INCOME SOUR	CES							
List all income sources, ir accounts), unemploymen judgments from lawsuits, income, for all persons re	t compensation, alimony, child s	, disability, gov support, friend	ernment pensio	ns, work	ker's compensa	ation, div	idends, claims and	
	Source of Income				Monthly or Annual Income (indicate which)			
PART 6: CHECKING, SA	and a second							
List any and all savings accounts, postal savings, persons residing at the pr	credit union sh	ousehold me ares, certifica	mbers, including tes of deposit, c	g but no ash, sto	ot limited to: c ocks, bonds, or	hecking similar i	accounts, savings investments, for all	
Name of Financial Institution or Investments		Amount on Deposit	Current Interest Rate			Name on Account		
	OF Listellas	Palaa katul ka						
PART 7: LIFE INSURANC	1	T	The second s		•			
Name of Insured	Amount of Policy	Monthly Payment			n Name of Beneficiary		Relationship to Insured	
-							-	
PART 8: MOTOR VEHICI		ON						
All motor vehicles (includ within the household mus	ding motorcycle		es, camper trail	ers, etc	.) held or own	ed by a	ny person residing	
Make	Make Year		r	Monthl	y Payment	Balance Owed		

Continue on Page 3

PART 9: HOUSEHOLD OCO	CUPANTS	- List all p	ersons I	iving	in the househ	old.			
First and Last Name		Age		Relationship to Applicant		Place	Place of Employment		\$ Contribution to Family Income
									r anny moome
							to produce and a second second		
PART 10: PERSONAL DEB	<b>T</b> — List al	l personal d	ebt for a	all ho	usehold mem	bers.			
	_		Dat						
Creditor	Creditor Purpose of D		of Debt of De		ebt Original Balan		nce Monthly Payment		Balance Owed
						-			
				- Marine and Annual State					
	and an								
PART 11: MONTHLY EXPEN	NSE INFOF	RMATION				I			
The amount of monthly exp necessary.	enses relat	ted to the p	rincipal	resid	ence for eacl	h categ	ory r	nust be listed	I. Indicate N/A as
Heating	Electric	tric Water Phone							
Cable	Food	Clothing			Πα		Health Insurance		
		Ciotinig					rioutur iniburarioe		
Garbage		Daycare				Carl	Expens	se (gas, repair, etc.)	)
Other (type and amount)		Other (type and amount)			Other (type and amount)				
Other (type and amount) Other (type and			d amount)	ount)			Other (type and amount)		

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 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

Printed Name

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.

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 inform	nation for the person owning	and occupying	the resid	dence.			
Owner Name		Owner Telephone Number					
A A - 10 A - 1.4							
Mailing Address	City		State	ZIP Code			
PART 2: LEGAL DESIGNEE INFORMATION (Co	amplate if applicable )		1	L			
Legal Designee Name	omplete il applicable.)	Daytime Telephor	an Numbor				
		Daytime relephon	ie Number				
Mailing Address	City	I	State	ZIP Code			
PART 3: HOMESTEAD PROPERTY INFORMAT	ION — Enter information for p	roperty in which the	e exemp	tion is being claimed.			
City or Township (check the appropriate box and enter name)		County					
City Township Village							
Name of Local School District				rt ann a tha daon a dha ta sao ann an taraich ann an ann an taraich ann an taraich ann an taraich an taraich an			
Parcel Identification Number	Year(s) Exemption Previ	ously Granted by Board	of Review				
Homestead Property Address	City		State	ZIP Code			
PART 4: AFFIRMATION OF OWNERSHIP, OCC	UPANCY, AND INCOME ST	ATUS (Check all	boxes	that apply.)			
I own the property in which the exemption is	being claimed.						
The property in which the exemption is bein	a alaimad in upod an my ha	mastand Llamas	teed in	non anally, defined			
as any dwelling with its land and buildings w	here a family makes its hon	nesteau. nomes	stead is	generally defined			
	more a family makes its non	10.					
After establishing initial eligibility for the exe	mption, my income and ass	et status has rem	nained u	unchanged and/or			
I receive a fixed income solely from public as	ssistance that is not subject	to significant ann	ual incr	eases beyond the			
rate of inflation, such as federal Supplement	tal Security Income or Socia	I Security disabili	ity or re	tirement benefits.			
PART 5: CERTIFICATION							
I hereby certify to the best of my knowledge that	the information provided on	this form is true	andlan	a eligible to receive			
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.							
	Signature of Owner or Legal Designee						
Gwhei of Legal Designee Name (print)	Signature of Owner or Legal Designee		1	Date			
Designee must attach a letter of authority.							
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)							
LOCAL GOVERNMENT U	SE ONLY (DO NOT WRITE						
Approved Denied (Attach appeal instruct	ctions and provide to owner.)	Tax Year(s) exe	emption w	ill 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				