

MUSKEGON CHARTER TOWNSHIP POVERTY 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: 61 – 10- _____ - _____ - _____ - _____

Property Address: _____ Phone: (_____-) _____ - _____ Day

<u>Marital Status</u>		<u>No. of Years</u>
<input type="checkbox"/> Married	oo	_____
<input type="checkbox"/> Divorced	oo	_____
<input type="checkbox"/> Widowed	oo	_____
<input type="checkbox"/> Separated	oo	_____
<input type="checkbox"/> Single	oo	_____

Have you filed an Affidavit for Homeowner's Principal Residence Exemption? Yes ___ No ___
Have you applied for Homestead Property Tax Credit this year? Yes ___ No ___
If yes, how much was your Property Tax Credit for this year? \$ _____

ATTACH A COPY OF YOUR HOMESTEAD PROPERTY TAX CREDIT CLAIM FORM, AND FEDERAL OR STATE INCOME TAX RETURN, IF FILED FOR THE IMMEDIATE PAST YEAR

REAL ESTATE INFO: Is this home paid for? Yes ___ No ___ Unpaid Balance: \$ _____

Name of Mortgage Co. _____ Yrs. Left on Mortgage/Land Contract: _____

Mortgage Payment Amount: \$ _____ Does this include property taxes: ___ Yes ___ No

Purchase Date: _____ Purchase Price: \$ _____

Are you and/or your spouse the sole owners of the subject property ___ Yes ___ No
If no, list all owners and their percentage of ownership:

Do you anticipate selling the homestead property for which relief is sought in the next year? ___ Yes ___ No

Do you own, or are you buying any other property? Yes ___ No ___

If yes, list below:

<u>Property Address</u>	<u>Name of Owner(s)</u>	<u>Amount and date of last taxes paid</u>
_____	_____	\$ _____ / _____ / _____
_____	_____	\$ _____ / _____ / _____

Income earned from above property? \$ _____ monthly

EMPLOYMENT INFO.

APPLICANT EMPLOYMENT STATUS:

___ Disabled – No. of Yrs. ___
___ Qualify for Disability ___ Yes ___ No
___ Employed Full-Time
___ Employed Part-Time
___ Retired – No. of Yrs. ___
___ Unemployed – No. of Yrs. ___ Months ___
___ Laid-Off – No. of Yrs. ___ Months ___
___ Other _____

Occupation: _____
(if employed)

Employer: _____

Address: _____

Telephone: (____) _____

SPOUSE EMPLOYMENT STATUS:

___ Disabled – No. of Yrs. ___
___ Qualify for Disability ___ Yes ___ No
___ Employed Full-Time
___ Employed Part-Time
___ Retired – No. of Yrs. ___
___ Unemployed – No. of Yrs. ___ Months ___
___ Laid-Off – No. of Yrs. ___ Months ___
___ Other _____

Occupation: _____
(if employed)

Employer: _____

Address: _____

Telephone: (____) _____

ASSETS:

SAVINGS AND INVESTMENTS: List all savings owned by you or anyone else living within the household, including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds or similar investments.

Name of Financial Institution or Investment:	Amount of Deposit:	Name on Account:	Value of Investment:
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

LIFE INSURANCE: List all policies held by you or anyone else living within the household.

Insured:	Amount of Policy:	Amount Paid Monthly:	Paid up Policy:	Name of Beneficiary:	Relationship to Insured:
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____

MOTOR VEHICLES IN HOUSEHOLD:

Make:	Model:	Year:	Monthly Payment:	Balance Owed:
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

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

Type of Asset:	Value:	Owner:
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

INCOME:

List ALL income to household from salaries, social security, rents, pensions, unemployment, disability, government pensions, worker's compensation, dividends, earned interest, claims and judgments from lawsuits, alimony, child support and any other source. (Use additional sheet if necessary)

Last Name:	First Name:	Age:	Relationship to Claimant:	Place of Employment:	Contribution to Family Income:	Monthly/ Annually
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____

CREDITOR:

Institution:	Purpose of Debt:	Date of Debt:	Original Balance:	Monthly Payment:	Balance Owed:
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

MONTHLY EXPENSES:

Electric: \$ _____	Heating: \$ _____	Phone: \$ _____	Food: \$ _____	Clothing: \$ _____	Car Insurance: \$ _____
Cable/Satellite: \$ _____	Sewer: \$ _____	Refuse: \$ _____	Property Taxes: \$ _____	Water: \$ _____	House Insurance: \$ _____
Medical: \$ _____	Lawn Care/Snow Removal: \$ _____	House Payment: \$ _____			

VERIFICATION OF EXPENSES MAY BE REQUIRED

Do you have any major or unusual expenses? Yes ___ No ___

If yes, please explain

Other: (Specify)

\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

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 (M-1040) and your Homestead Property Tax Credit claim (MI-1040 CR 1,2,3,4) must be attached as proof of income.

NOTE: Do Not sign until witnessed by the Supervisor, Assessor, Notary or Board of Review.

STATE OF MICHIGAN
COUNTY OF MUSKEGON

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.

Petition Signature

Subscribed and sworn before me this ____ day of _____, 20 ____.

Assessor, Supervisor, Board of Review or Notary Public (Signature)

This application must be returned to the Board of Review of Muskegon Charter Township.

Whose Address is: Board of Review
C/O Assessor
Muskegon Charter Township
1990 E. Apple Ave.
Muskegon, MI 49442

FOR BOARD OF REVIEW USE:

Disposition by Board of Review:

Denied: ___ Yea ___ Nay Approved: ___ Yea ___ Nay

Taxable reduced to: \$ _____

Supervisor: Yes ___ No ___ Chairperson: Yes ___ No ___

Second Member: Yes ___ No ___ Third Member: Yes ___ No ___

Decisions may be appealed to Michigan Tax Tribunal: Michigan Tax Tribunal
P.O. Box 30232
Lansing, MI 48909