

**INSTRUCTIONS/GUIDELINES FOR POVERTY EXEMPTION – MCL 211.7u
YPSILANTI CHARTER TOWNSHIP**

To be considered for a poverty exemption, the following information must be provided:

1. **COMPLETE ALL SECTIONS OF THIS APPLICATION IN FULL. AN INCOMPLETED APPLICATION WOULD DELAY THE PROCESS. PLEASE BE SURE TO SIGN THE APPLICATION.**
2. You **MUST** submit a completed and signed copy of the following:
2016 Michigan Homestead Property Tax Credit Claim (MI 1040 CR)
2016 Federal Income Tax Return (1040), if you are required to file federal income tax.
2016 Federal Income Tax Return (1040) for all other occupants of your home.
3. If an occupant of your home is not employed but has income from another source, you must show the income in “Annual Income” on page 1 of your application. It must also be on page 3 under the “**2017 Estimated Household Income**” section and included in **Total Projected Household Income for 2017**.
4. If you completed the section on page one of the application indicating you have major or unusual out-of-pocket expenses, you must provide copies of documents verifying these expenses. **This does not include everyday living expenses.**
5. The application must be legible. If you need or want to provide additional information, please attach a separate sheet; do not write in the margins of the application.
6. Do not submit originals of supporting documentation as we must keep these for our records and cannot return them.
7. **IF THE APPLICATION IS INCOMPLETE OR YOU DO NOT INCLUDE COPIES OF THE REQUIRED FINANCIAL DOCUMENTS, IT MAY BE CONSIDERED INELIGIBLE FOR A HARDSHIP REDUCTION. DO NOT LEAVE ANY LINES OR BOXES BLANK.**
8. **The Supervisor and Board of Review will consider assets (cash, automobiles, recreation vehicles, etc.), when determining eligibility. The value of assets that exceed 50% of the household income will be added to the applicant’s income to determine eligibility. The applicant’s primary residence shall not be considered when applying an asset test. Usual household goods are not considered. Automobile leases will be considered by determining the value of the lease.**

MCL 211.7u as Amended

PARCEL I.D. _____

APPEAL NO. _____

**APPLICATION FOR ONE YEAR POVERTY REDUCTION
YPSILANTI CHARTER TOWNSHIP ASSESSOR'S OFFICE**

APPLICANT'S NAME _____ AGE _____

NAME OF SPOUSE (if applicable) _____ AGE _____

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT _____

DO YOU CLAIM THIS PROPERTY AS YOUR HOMESTEAD (Principal Residence)? () YES () NO

TELEPHONE NUMBER _____

EMPLOYED		EMPLOYER		ARE YOU DISABLED?	
SELF	() YES () NO	() FULL TIME () PART TIME		SELF	() YES () NO
SPOUSE	() YES () NO	() FULL TIME () PART TIME		SPOUSE	() YES () NO

NATURE OF DISABILITY _____

Please provide documentation of disability.

Do you have any MAJOR OR UNUSUAL OUT-OF-POCKET expenses? If yes, please list them below and provide verification.

TYPE OF EXPENSE	AMOUNT PER YEAR

LIST ALL PERSONS LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed As Dependent	() Yes () No	() Yes () No	() Yes () No	() Yes () No

Attach additional sheet, if needed.

PROPERTY INFORMATION

Purchase Date: _____

Purchase Price: _____ (if purchased in last 3 years)

If not, amount of monthly payment: _____

Have any improvements, changes, or additions been made to the property in the last two (2) years? () Yes () No
If yes, please explain: _____

Do you own this property free and clear? () Yes () No

Are the taxes included in payment? () Yes () No

Are property taxes current? () Yes () No

If not, amount past due _____

ASSET INFORMATION

Do you have an ownership interest in any other real estate (including ownership via partnerships, corporation, etc.) in Michigan or anywhere else? () Yes () No If yes, please list (attach additional sheet if needed).

<u>Location</u>	<u>Value</u>	<u>Type of Use</u>	<u>Purchase Date</u>	<u>Purchase Price</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What are your assets in addition to real estate?

Cash \$ _____

Savings Accounts/Certificates & Money Markets \$ _____

Checking Accounts \$ _____

Stocks/Bonds/Treasury Bills \$ _____

Insurance – Cash Value \$ _____

Other \$ _____

Investments \$ _____

IRA, Keogh Annuities, Deferred Compensation \$ _____

Personal Property held as an investment (i.e., gems, jewelry, coin collections, antique cars, etc.) \$ _____

Vehicles: Cars, Trucks, Boats, Trailers, etc.
Leased or Owned? _____

Make	#1	#2	#3
Model			
Year			
Payment			
Balanced Owed/Lease Term			

INCOME INFORMATION

2017 ESTIMATED HOUSEHOLD INCOME

SOURCE	AMOUNT PER YEAR
Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc.	\$
Social Security/SSI	\$
Retirement Pension or Annuity Benefits (Includes Military Retirement Pay)	\$
Interest and/or Dividends (includes non-taxable interest)	\$
Rent/Business or Royalty Income	\$
Disability Payments (Worker Comp, Veterans Disability, Pension Benefits)	\$
ADC, SFA, SDA, RAP/REP (Attach a copy of DSS Annual Statement)	\$
Department of Social Services Benefits: Bridge Card, Food Stamps, etc.	\$
Department of Social Services Benefits: Payments of Medicare/ Medicaid premiums	\$
Child Support/ Alimony	\$
Unemployment Benefits	\$
Other Nontaxable Income (Military Family Allotments, Fellowships, Etc.)	\$
College Scholarships, Grants and other Financial Aid	\$
YOUR TOTAL INCOME	
ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD AS SHOWN ON FIRST PAGE OF APPLICATION	\$
ADD INCOME/ SUPPORT FROM FAMILY AND FRIENDS LIVING OUTSIDE HOUSEHOLD. INCLUDE MONEY GIVEN AS WELL AS BILLS PAID	
TOTAL PROJECTED HOUSEHOLD INCOME FOR 2017	\$

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED IN MY APPLICATION FOR HARDSHIP EXEMPTION IS TRUE.

SIGNED: _____ DATE _____