

CHARTER TOWNSHIP of YPSILANTI
APPLICATION FOR ONE YEAR PROPERTY TAX POVERTY REDUCTION

Per MCL 211.7u as Amended

I, _____, Petitioner, being the owner and residing at the property that is listed below as my principle residence, apply for property tax relief under MCL 211.7U of the General Property Tax Act, Public Act 206 of 1893. The principle residence of persons who, in the judgment of the Township Supervisor and Board of Review, by reason of poverty are unable to contribute toward the public charge is eligible for exemption in whole or in part from taxation per MCL 211.7u(1).

In order to be 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.

GENERAL INFORMATION:

APPLICANT'S NAME: _____ AGE: _____

NAME OF SPOUSE (if applicable): _____ AGE: _____

TELEPHONE NUMBER: _____ CELL PHONE: _____

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT _____

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

NUMBER OF LEGAL DEPENDENTS: _____ AGE OF DEPENDENTS: _____

HAVE YOU APPLIED FOR THE MICHIGAN HOMESTEAD TAX CREDIT (MI1040-CR)? () YES () NO

AMOUNT OF HOMESTEAD PROPERTY TAX CREDIT _____

REAL ESTATE INFORMATION:

PURCHASE DATE OF THE HOME: _____ PURCHASE PRICE: _____
(if purchased in last 3 years)

IS THERE A MORTGAGE ON THE PROPERTY? () YES () NO

NAME OF MORTGAGE COMPANY: _____

UNPAID BALANCE OWED ON THE MORTGAGE: _____

MONTHLY MORTGAGE PAYMENT: _____

ARE THE PROPERTY TAXES ESCROWED (Included in the Payment)? () YES () NO

ARE THE PROPERTY TAXES CURRENT (Prior Years are Paid in Full)? () YES () NO

PLEASE LIST ALL IMPROVEMENTS, CHANGES OR ADDITIONS THAT HAVE BEEN MADE TO THE PROPERTY WITHIN THE LAST TWO YEARS:

INCOME INFORMATION:

| | APPLICANT | | SPOUSE | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| WERE YOU OR YOUR SPOUSE EMPLOYED LAST YEAR? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ARE YOU OR YOUR SPOUSE CURRENTLY EMPLOYED? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| HAS YOUR INCOME RECENTLY BEEN DISRUPTED? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

IF YES, PLEASE EXPLAIN: _____

LIST ALL PERSONS LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE (Attach an Additional Sheet if Needed):

| | | | | |
|-----------------------|--|--|--|--|
| NAME: | | | | |
| RELATIONSHIP: | | | | |
| AGE: | | | | |
| CLAIMED AS DEPENDENT: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| OCCUPATION: | | | | |

PLEASE LIST THE ANNUAL HOUSEHOLD INCOME FROM EACH SOURCE:
(This Includes Income for You and All Members of the Household)

| | |
|---|-----------|
| ALL HOUSEHOLD W-2 INCOME: | \$ |
| ALL 1099 INCOME: | \$ |
| BUSINESS INCOME: | \$ |
| SOCIAL SECURITY INCOME (SSI): | \$ |
| UNEMPLOYMENT INCOME: | \$ |
| RETIREMENT PENSION or ANNUITY BENEFITS: | \$ |
| DISABILITY PAY (including Workers Comp): | \$ |
| MILITARY PAY or BENEFITS: | \$ |
| ADC, SFA, SDA, RAP/REP (attach a Copy of DSS Annual Statement): | \$ |
| DEPARTMENT OF SOCIAL SERVICES: BRIDGE CARD: | \$ |
| CHILD SUPPORT and/or ALLIMONY SUPPORT: | \$ |
| COLLEGE SCHOLARSHIPS, GRANTS AND OTHER FINANCIAL AID: | \$ |
| FINANCIAL SUPPORT FROM FAMILY & FRIENDS OUTSIDE OF THE HOME: | \$ |
| ALL OTHER INCOME (Both Taxable & Non-Taxable): | \$ |
| TOTAL PROJECTED HOUSEHOLD INCOME: | \$ |

ASSET INFORMATION:

DO YOU HAVE ANY OWNERSHIP INTEREST IN ANY OTHER REAL ESTATE? () YES () NO

ADDRESS: _____
 (Additional Information May be Requested by the Board for Other Real Estate.)

PLEASE LIST THE CURRENT VALUE FOR EACH ASSET:

| | |
|--------------------------|----|
| CASH: | \$ |
| CHECKING ACCOUNTS: | \$ |
| SAVINGS ACCOUNTS: | \$ |
| CERTIFICATES OF DEPOSIT: | \$ |
| MONEY MARKET ACCOUNTS: | \$ |
| STOCKS: | \$ |
| BONDS: | \$ |
| TREASURY BILLS: | \$ |
| INSURANCE w/ CASH VALUE: | \$ |
| MUTUAL FUND ACCOUNTS: | \$ |
| IRA ACCOUNTS: | \$ |
| KEOGH ANNUITIES: | \$ |
| DEFERRED COMPENSATION: | \$ |
| JEWELRY and/or GEMS: | \$ |
| RARE COINS: | \$ |
| ANTIQUE CARS: | \$ |
| ANY OTHER COLLECTION: | \$ |
| ANY OTHER ASSET: | \$ |

PLEASE LIST THE CURRENT VALUE FOR ALL HOUSEHOLD VEHICLES:
 (This includes Cars, Trucks, Trailers, Tractors & Boats)

| | | | | |
|------------------|--|--|--|--|
| MAKE: | | | | |
| MODEL: | | | | |
| YEAR: | | | | |
| LEASED OR OWNED: | | | | |
| MONTHLY PAYMENT: | | | | |
| BALANCE OWED: | | | | |

EXPENSE INFORMATION

PLEASE LIST THE EXPECTED MONTHLY HOUSEHOLD EXPENSE FOR EACH ITEM:

| | |
|-----------------------------------|----|
| MORTGAGE: | \$ |
| SECOND MORTGAGE: | \$ |
| HEATING: | \$ |
| ELECTRIC: | \$ |
| WATER: | \$ |
| PHONE: | \$ |
| CABLE: | \$ |
| INSURANCE: | \$ |
| TRANSPORTATION: | \$ |
| DAYCARE: | \$ |
| MEDICAL: | \$ |
| OTHER: | \$ |
| OTHER: | \$ |
| OTHER: | \$ |
| OTHER: | \$ |
| TOTAL PROJECTED MONTHLY EXPENSES: | \$ |

HAVE YOU HAD ANY UNUSUAL OR EXTRAORDINARY EXPENSES IN THE PAST 12 MONTHS: () YES () NO
IF YES, PLEASE EXPLAIN AND PROVIDE THE TYPE AND AMOUNT OF THE EXPENSE: _____

HAVE YOU HAD ANY EXTRAORDINARY MEDICAL EXPENSES IN THE PAST 12 MONTHS: () YES () NO
IF YES, PLEASE EXPLAIN AND PROVIDE THE AMOUNT OF THE EXPENSE: _____

SIGNATURE PAGE

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED WITHIN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE: _____ **DATE** _____

SPOUSE SIGNATURE: _____ **DATE** _____

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: Per MCL 211.7u(2b), a copy of all household members federal income tax returns, state income tax returns (MI-1040) and Homestead Property Tax Credit claims (MI-1040CR 1,2,3,4) must be attached as proof of income. Documentation for all income sources including, but not limited to credits, claims, Social Security income, child support, alimony income, and all other income sources must be provided at time of application.

IF PREPARED BY SOMEONE OTHER THAN THE APPLICANT

NAME OF PREPARER: _____

PHONE NUMBER FOR PREPARER: _____

SIGNATURE OF PREPARER: _____

Notice: Decisions of the March Board of Review may be appealed in writing to the Michigan Tax Tribunal by July 31 of the current year. July or December Board of Review Denials may be appealed to the Michigan Tax Tribunal within 30 days of the denial. A copy of the Board of Review Decision must be included with the filing.

Michigan Tax Tribunal
PO Box 30232
Lansing, MI 48909
Phone: 517-373-3003
Fax: 517-373-1633
E-mail: taxtrib@michigan.gov