City of Highland Park Application for Poverty Exemption

GUIDELINES AND INSTRUCTIONS FOR POVERTY EXEMPTION – 2023

- If granted an exemption, it is for the <u>current year only</u>. If your situation warrants an exemption in years following,
 a new application must be submitted for review. The Poverty exemption is meant to be a temporary form of
 assistance.
- Per, MCL 211.7u(3), the application for consideration must be received by the Assessor's Office at least one day prior to the last session of the Board of Review. <u>Board of Review dates are posted annually and may also be found at www.highlandparkmi.gov or by calling (313) 252-0050.</u> This application can be made by mail, if received one day prior to the last session of the Board of Review.
- The application must be filled out in its entirety and all requested documentation must be attached. If an area
 does not apply to the applicant, "N/A" must be used. If the application is not complete or requested
 documentation is not included, the Board of Review will deny the exemption. All pages included with this
 application must be returned when the application is submitted for review.
- Per MCL 211.7u(7), a person who files a claim for Poverty exemption IS NOT prohibited from also appealing the assessment on the property to the Board of Review in the same year.

Required Documentation to be Attached to Poverty Exemption Application

- Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence must
 be included with the application including any property tax credit returns. The tax returns may be from the
 current or preceding tax year. If any person in the household is not required to file federal or state tax returns,
 the included affidavit, form 4988, must be completed by each person that does not file taxes.
- The most recent statement for all bank accounts, investments, IRAs, CDs, 401Ks, money market, annuities, etc.
 The statement submitted must be complete with no missing pages and submitted for all persons residing in the home.
- Proof of income/assets from the Social Security Administration, Veterans Administration, Medicare, Medicaid,
 Bridge Card, and any College/University scholarships for all persons residing in the home.
- The most recent mortgage statement of the primary residence under review, including any reverse mortgages.
- If primary residence being sought for exemption was purchased within the past two years of this application, homeowner's closing statements must be submitted with application.

Common Reasons for Denial of Poverty Exemption Application

Below are common reasons (but not an exhaustive list) of why a claim for Poverty Exemption is denied:

- Failure to fill out all areas of the application, including "N/A" in areas not applicable to the applicant or signing the application.
- Failure to include State and Federal Income taxes or property tax credit returns for current or one preceding year
 for all persons residing in the home. Please note that the property tax credit returns are required to be filed
 with this application. Property tax credit returns (such as Michigan 1040CR) can still be filed with the State of
 Michigan even if the applicant does not file income taxes.
- Failure to include complete banking/investment account and mortgage statements for all persons residing in the home. All pages must be submitted.

INCOME GUIDELINES FOR POVERTY EXEMPTION

This amount published annually by the US Dept. of Health and Human Services

Size of Family Unit	Poverty Guidelines				
1	\$13,590				
2	\$18,310				
3	\$23,030				
4	\$27,750				
5	\$32,470				
6	\$37,190				
7	\$41,910				
8	\$46,630				
For each additional person	\$ 4,720				

According to the US Census Bureau, "income" includes:

- Money, wages, and salaries before any deductions
- Net receipts from non-farm self-employment. (These are receipts from a person's own business, professional enterprise, or partnership, after deductions for business expenses.)
- Net receipts from farm self-employment. (The same provisions as above for self-employment.)
- Regular payments from social security, railroad retirement, unemployment, worker's compensation, veteran's payments and public assistance.
- Alimony, child support, and military family allotments.
- Private pensions, governmental pensions, and regular insurance or annuity payments.
- College or university scholarships, grants, fellowships, and assistantships.
- Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

ASSET LEVEL GUIDELINES FOR POVERTY EXEMPTION

The Asset Level does not include the primary residence for which exemption is being sought. It does include, but is not limited to:

- A second home, additional land not associated with the primary residence, or other buildings other than the primary residence being sought for exemption.
- Vehicles and other recreational vehicles such as motor homes, campers, ATVs, boats, and motorcycles.
- Jewelry, antiques, artwork, equipment, and other personal property of value.
- Bank accounts, stocks, bonds, and investments. This also includes the money received from the sale of stocks, bonds, investments, cars, and houses unless a person is in the specific business of selling such property.
- Withdrawals of bank accounts and borrowed money.
- Gifts, loans, lump-sum inheritances, and one-time insurance payments.
- Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms.
- Federal non-cash benefits programs such as Medicare, Medicaid, food stamps, and school lunches.
- The total interest income in all accounts (checking, savings, CDs, IRAs, 401Ks, money market, annuities, etc.)
- The applicant shall not have ownership interest in any real estate other than the primary residence being considered for exemption.

Maximum total allowed liquid assets, specifically amounts in banking/investment accounts may not exceed the amount of projected 2023 taxes PLUS 50% for the entire household. Other assets may not exceed the qualifying amount for poverty exemption. See above for what is considered an asset.

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.

PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information.									
		RMATION -	— Petitioner must li	st all required person					
Petitioner's Name				Daylime Phone Number					
				•					
Age of	Pelitioner	Marital Status		Age of Spouse	Nun	ber of Lega	Dependents		
					1				
Proper	ty Address of Principal Residence			Cily		State	ZIP Code		
Check if applied for Homestead Property Tax Credit				Amount of Homestead Prope	erty Tax Credit		-		
PAR	T 2: REAL ESTATE INF	ORMATIO	N	J					
	the real estate information				to provide a	deed, lar	nd contract or other		
evid	ence of ownership of the	e property a	at the Board of Rev	iew meeting.					
Proper	ly Parcel Code Number			Name of Mortgage Company	/				
Unpaid	Balance Owed on Principal Resid	lence	Monthly Payment		Length of Time at this Residence				
Proper	ty Description								
ļ									
PAR	T 3: ADDITIONAL PRO	PERTY IN	FORMATION						
List information related to any other property owned by you or any member residing in the household.									
<u> </u>				·					
Check if you own, or are buying, other property. If che information below.				ecked, complete the Amount of Income Earned from other Property			om otner Property		
	Property Address			City		State	ZIP Code		
				,		0.0.0	Zii Code		
1	Name of Owner(s)			Assessed Value	Date of Last Tax	ļ res Paid	Amount of Taxes Paid		
	riamo di Ominoi(d)			Addedded Valde	Date of East 187	CST did	Amount of Taxes Faid		
	Property Address			City		State	ZIP Code		
				- City		Giale	Lir Code		
2	Name of Owner(s)			Assessed Value	Date of Last Tax	os Paid	Amount of Taxes Paid		
	name of Official			Nosessen Autne	Date of Last 19)	es raiu	Amount of Taxes Paid		

PART 4: EMPLOYMENT INFORMATION — List your current employment information.							
Name of Employer							
Address of Employer						State	ZIP Code
Contact Person E				Telephone Nur	mber		
PART 5: INCOME SOUR	`EC						
List all income sources, in accounts), unemployment judgments from lawsuits, income, for all persons res	compensations child	on, disability, gove d support, friend o	rnment per	nsions, wo	orker's compensat	ion, divi	dends, claims and
	Source	of Income			Monthl	y or An	nual Income which)
PART 6: CHECKING, SA	INGS AND	INVESTMENT IN	FORMATIC	ON	•		
List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for all persons residing at the property.							
Name of Financial Inst	titution	Amount on Deposit	Current Interest Ra	nte l	Val Name on Account Inve		
Of investments		on Deposit	intorcot rec	"	ituile on Aoooui		
DADT 7 LIEF MOUDANG		C. t t t. t. t					
PART 7: LIFE INSURANCE		-	1	1	rs.		
Name of Insured	Amount o	of Monthly Payments	1 -		Name of Beneficiary		Relationship to Insured
PART 8: MOTOR VEHICLE INFORMATION							
All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.							
Maka		Year		Manti	hly Payment	D.	alance Owed
Make Make		i ear		INIOIIL	y		didilos Owsu

PART 9: HOUSEHOLD OC	CUPANTS -	— List all pe	ersons li	ving i	in the househo	ld.			
First and Last Name		Age		Relationship to Applicant P		Place of	Employment	\$ Contribution to Family Income	
i iistana Last	Turio		<u>.yc</u>		Applicant	riace of	LinbioAment	Failing income	
_									
		·			-				
					•				
PART 10: PERSONAL DE	BT — List all	personal d	ebt for a	II ho	usehold memb	ers.			
			Dat						
Creditor	Purpose	of Debt	of De	bt_	Original Bala	nce Mon	thly Payment	Balance Owed	
	- vid-freillichter gronnen met								

					<u> </u>				
PART 11: MONTHLY EXP	ENSE INFOR	RMATION							
The amount of monthly ex necessary.	openses relat	ted to the p	orincipal	resid	lence for each	category	must be listed	d. Indicate N/A as	
Heating	Electric	Electric			Waler		Phone		
Cable	Food		Clothing		<u></u>	Health Insurance			
Garbage Dayo		Daycare	aycare			Car Expe	Car Expense (gas, repair, etc.)		
Other (type and amount)		Other (type and	Other (type and amount)			Other (ly	Other (type and amount)		
Other (type and amount)	Other (type and amount)			Other (ly	Other (type and amount)				

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						
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.	hut before the day prior to the last day of	the local unit's December				

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	tion for the person	owning and occu	pying the resi	dence.		
Owner Name			Owner Telephone Number			
Mailing Address	City		State	ZIP Code		
PART 2: LEGAL DESIGNEE INFORMATION (Com	plete if applicable.)				
Legal Designee Name		Daytime	Daytime Telephone Number			
Mailing Address	City	•	State	ZIP Code		
PART 3: HOMESTEAD PROPERTY INFORMATION	N — Enter informati	on for property in w	hich the exemp	otion is being claimed.		
City or Township (check the appropriate box and enter name) City Township Village		County				
Name of Local School District				1.00 min 1.0		
Parcel Identification Number	Year(s) Exemp	tion Previously Granted	by Board of Review	•		
Homestead Property Address	City		State	ZIP Code		
PART 4: AFFIRMATION OF OWNERSHIP, OCCUP	PANCY, AND INCO	ME STATUS (Ch	eck all boxes	that apply.)		
☐ I own the property in which the exemption is being as any dwelling with its land and buildings who are a stablishing initial eligibility for the exem I receive a fixed income solely from public ass rate of inflation, such as federal Supplemental	claimed is used as ere a family makes ption, my income a istance that is not s	its home. nd asset status h ubject to significa	as remained unt annual incr	unchanged and/or eases beyond the		
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) Sig	nature of Owner or Legal D	Owner or Legal Designee		Date		
Designee must attach a letter of authority.						
LOCAL GOVERNMENT US	E ONLY (DO NOT	WRITE BELOW	THIS LINE)			
Approved Denied (Attach appeal instructions and provide to owner.)				vill 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 Ce	rtified by Assessor			