

## INSTRUCTIONS FOR APPLICANT REQUESTING CONSIDERATION FOR A POVERTY EXEMPTION

1. Applicants must obtain the property applications from the Fairfield Township Assessor. *Handicapped or informed* applications may call the assessor's office 517-436-6323 to make necessary arrangements for assistance.
2. Applicants will not be eligible for consideration if they do not meet the Federal Poverty Guidelines.
3. Applicants must be owners of the property and reside therein.
  - a. Must produce a driver's license or other acceptable methods of identification.
  - b. Must produce a deed, land contract or other evidence of ownership if assessor requests it.
4. Applicants must fill out application form in its entirety and return it, in person to the Township Assessor Office, except as noted in item 1 above.
  - a. Must not sign it until returned.
  - b. Application must be witnessed by the assessing officer or board of review.
5. All applicants will submit last year's copies of the following:
  - a. Federal income tax return - *1040 or 1040A*
  - b. State Income tax return - *MI-1040*
  - c. Homestead property tax claim *MI-1040CR*
6. Applications must be filed with the assessor between February 1, and the second Monday in March.
7. Applications may be reviewed by the board without applicant being present. However, the board may request that an applicant be physically present to respond to any questions the board or assessor may have. This means that you may be called to appear on short notice.
8. You may have to answer questions regarding your financial affairs, your health and the status of people living in your home, before the board, at a meeting which is open to and will be attended by the public at large.
9. Applicants appearing before the board will be administered an oath, as follows:

"Do you, \_\_\_\_\_ swear and affirm that evidence and testimony you will give in your own behalf before the board of review, is the truth, the whole truth and nothing but the truth, so help you." (Applicant responds, "I do" or "I will".
10. The supervisor/assessor must agree to the board's decision as regards to the disposition of all individual poverty claims or the decision is null and void.
11. Applicants will be evaluated based on:
  - a. Data submitted to the board by petitioner.
  - b. Testimony taken from petitioner and information gathered from any source the board may wish to use.
12. The board will also consider all revenue and non-revenue producing assets owned by petitioner in its deliberations as to whether relief should be granted.
13. The board may grant property tax relief, based on poverty, annually.
14. A successful applicant may be subject to personal investigation by the unit of government. This would be done to verify information submitted or statements made to the assessor or board of review in regard to their poverty tax exemption claim.

## Poverty Exemption Application

I \_\_\_\_\_, being the Owner and resident of the property listed below, desire to appeal for Tax Relief under section 7a of the Michigan 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 Description**

Address \_\_\_\_\_ Parcel Number \_\_\_\_\_

Phone No. \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_ Widower \_\_\_\_\_

Age of Applicant \_\_\_\_\_

Did you apply for Homestead Property Tax Credit? \_\_\_\_\_

How much was the credit? \_\_\_\_\_

Real Estate: Is home paid in full? \_\_\_\_\_

If not, what is the unpaid balance? \_\_\_\_\_

Name of Mortgage Company. \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Do you own, or are you buying other property? \_\_\_\_\_

If so, list below:

Property Address	Property in the name of whom	Assessed Value	Amount and date of last taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Gross income from property. \_\_\_\_\_

Name of employer \_\_\_\_\_

**List all income from:** Salaries, Social Security, Rents, Pension, Unemployment Compensation, Disability, Government Pensions, Dividends, Workman's Compensation, Union, Claims and Lawsuits, Alimony, Child Support, or any other source.

Source of Income	Amount Monthly
_____	_____
_____	_____
_____	_____
_____	_____

**Bank Accounts and Savings:** List all bank accounts owned by you or your spouse, also savings certificates, postal savings and cash in deposit boxes, on hand or on deposit in Credit Unions.

Name of Bank, Savings and Loan, Or Postal, Savings Bank, Etc...	Amount on Deposit now	Whose Name is account in
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List all Stocks, Bonds, Mortgages, Land Contracts** Owned by you or your spouse.

Names	Current Value	Dividends & Interest Rec'd
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**Life Insurance;** List all Policies held by you and all members of your household:

Insured	Face amount Of Policy	Amt. Paid Monthly	Paid up Policies	Name of Beneficiary	Relationship of Beneficiary
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**Motor Vehicles:**

In Household:	1. Make	Year	Mo. Payment	Balance
	2. Make	Year	Mo. Payment	Balance
	3. Make	Year	Mo. Payment	Balance

**List below all persons living with you:**

Last Name	First Name	Age	Relationship	Are they Working?	Monthly Earnings	Monthly House Contributions
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**Personal Debts:** What do you owe ?

To Whom	For What	Date of Debt	Original Amount	Monthly Payment	Balance
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**Other Monthly Obligations and Debts:** Include Utilities, Phone, Garbage, Cable TV, Medicines Etc.

To Whom	Amount
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**Asset Listing;** List all other assets owned or controlled by you and their value. For Example: Boats, coin collections, art objects, antiques, silver, gold, etc.

Type of Asset	Value	Owner
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If there is any further information that you would like to add, do so here:

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Notice: Any willful misstatements or misrepresentations made on this form may constitute perjury which, under the law, is a felony punishable by fine and/or imprisonment.

Notice: A copy of your latest Federal Income Tax Return, State income Tax Return (MI 1040) and your Homestead Property Tax Credit claim (MI-1040Cr. 1,2,3,4) must be attached as proof of income.

Note: DO NOT SIGN until witnessed by the Supervisor or the Board of Review

State of Michigan  
County of Lenawee

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 that mentioned herein.

\_\_\_\_\_  
Petitioner's Signature

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_.

\_\_\_\_\_  
Supervisor, Member of Board of Review or Notary Public

This Application must be returned, no later than the second Monday in March to the Board of Review.

\_\_\_\_\_  
For Board of Review Only

Disposition by Board of Review

Date \_\_\_\_\_

( ) Denied

( ) Reduced to: \$ \_\_\_\_\_

Board of Review

Supervisor

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