

2017
TOWNSHIP OF GOODLAND

POVERTY TAX EXEMPTION APPLICATION

The undersigned property owner and resident of Goodland Township hereby applies for a poverty exemption in whole or in part from property taxation on the applicant's homestead or qualified agricultural property.

Name of Applicant(s): _____

Property Identification Number: 44-009-_____

Property Address: _____

Phone Number: (_____)_____ Marital Status: Single Married Widowed

Age of Applicant: _____ Age of Spouse: _____

No. of Dependents: _____ Age of Dependents: _____

Have you applied for Homestead Property Tax Credit this year? _____

How much was the Property Tax Credit? _____

REAL ESTATE:

Is home paid off? _____ Unpaid Balance: _____

Name of Mortgage Co.: _____

Monthly payment: \$_____ Length of time at current residence: _____

Do you own, or are you in the process of buying any other property? YES NO

If so, list below:

Property Address:	Name of Property Owner	Assessed Value

Income earned from above property: \$_____

Name of Employer: _____

Address of Employer: _____

Phone Number (_____) _____

LIST ALL INCOME from salaries, Social Security, rents, pensions, unemployment compensation, disability, governmental pensions, workers' compensation, dividends, claims and judgments from lawsuits, alimony, child support, and any other income source.

Source of Income	Annual Income

SAVINGS & INVESTMENTS: List all savings owned by you or your spouse, including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds or similar investments.

Name of Financial Institution	Amount of Deposit	Current Interest Rate	Name on Account	Value of Investment

LIFE INSURANCE: List all policies held by you and your spouse.

Insured	Amount of Policy	Amount Paid Monthly	Paid Up Policy	Name of Beneficiary	Relationship to Insured

MOTOR VEHICLES IN HOUSEHOLD:

Make	Year	Monthly Payment	Balance Owed

LIST OF ALL PERSONS LIVING IN HOUSEHOLD:

Last Name	First Name	Age	Relationship to Claimant	Place of Employment	Contribution to Household Income

PERSONAL DEBTS:

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

MONTHLY EXPENSES:

Expense Type	Average Monthly Cost
Electric	
Heat	
Food	
Phone	
Clothing	
Car Expenses	
Others (Specify)	

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

Type of Asset	Value	Income Derived From Assets	Owner

NOTICE: A copy of you latest Federal Income Tax Return, State Income Tax Return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1, 2, 3, or 4) must be attached as proof of income for each person residing in your home.

**STATE OF MICHIGAN)
COUNTY OF LAPEER)**

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 stated herein.

Applicant's Signature

Date

Subscribed and sworn this _____ day of _____, 20____

Signature of Township Official or Notary Public

Commission Expires

****BOARD OF REVIEW DECISIONS MAY BE APPEALED
TO THE MICHIGAN TAX TRIBUNAL****

**B. Federal Poverty Guidelines Used in the Determination of
Poverty Exemptions for 2017.**

MCL 211.7u, which deals with poverty exemptions, was significantly altered by PA 390 of 1994 and was further amended by PA 620-2002.

Local governing bodies are required to adopt guidelines that set income levels for their poverty exemption guidelines and those income levels shall not be set lower by a city or township than the federal poverty guidelines updated annually by the U.S. Department of Health and Human Services. This means, for example, that the income level for a household of 3 persons shall not be set lower than \$20,090 which is the amount shown on the following chart for a family of 3 persons. The income level for a family of 3 persons may be set higher than \$20,090.

Following are the federal poverty guidelines for use in setting poverty exemption guidelines for 2016 assessments.

Size of Family Unit	Federal Poverty Guidelines	Township Poverty Limits
1	\$11,880	\$17,820
2	\$16,020	\$24,030
3	\$20,160	\$30,240
4	\$24,300	\$36,450
5	\$28,440	\$42,660
6	\$32,580	\$48,870

7	\$36,730	\$55,095
8	\$40,890	\$61,335
For each additional person	\$5,200	\$7,800

Note: PA 390 of 1994 states that the poverty exemption guidelines established by the governing body of the local assessing unit shall also include an **asset level test**. An asset test means the amount of cash, fixed assets or other property that could be used, or converted to cash for use in the payment of property taxes. The asset test should calculate a maximum amount permitted and all other assets above that amount should be considered as available.

Note: P.A. 135 of 2012 changed the requirements for filing documentation in support of a poverty exemption to allow an affidavit (Treasury Form 4988) to be filed for all persons residing in the residence who were not required to file federal or state income tax returns in the current year or in the immediately preceding year. This does include the owner of the property who is filing for the exemption.