



Leoni Township Office
 Assessing Department
 913 Fifth Street
 Michigan Center, Michigan 49254
 Phone: (517) 764-4694
 Ext: 297, 301, 302
 Email: assessingdept@leonitownship.com

Poverty Exemption Application

I, _____, being the owner and resident of the property listed below, desire to appeal for tax relief under section 7u of the Michigan General Property 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 significantly reduced from the burden of, or exempt from taxation under this act."

** If you need additional space to respond to any of these questions, please attach a separate sheet(s) indicating which question(s) your answer pertains to. **

Property Description:

Address: _____
Street Address City State Zip

Parcel #: _____ Applicants Phone #: _____

Marital Status: Married Single Separated Divorced Widow Widower

Age of Applicant: _____

Did you apply for a Homestead Property Income Tax Credit? _____

How much was the credit? _____

Real Estate: In the home paid in full? _____

If not, what is the unpaid balance? _____

Monthly Payment? _____

Name of the Mortgage Co.? _____

How long have you lived at this address? _____

Do you own, or are you buying other property? Yes or No

If yes, 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 Competition, Disability, Government Pensions, Dividends, Workmen’s Compensation, Union, Claims and Lawsuits, Alimony, Child Support, and any other source.

Source of Income	Monthly Amount

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	Name on Account	Amount

List all Stocks, Bonds, Mortgage’s, Land contracts owned by you or your spouse.

Type	Current Value	Dividends & Interest Received

Life Insurance: List all policies held by you and all members of you household.

Insured	Face Amount of Policy	Amount Paid Monthly	Paid Up Policies	Name of Beneficiary	Relationship of Beneficiary

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

Motor Vehicles: List all vehicles in household.

Make	Year	Monthly Payment	Balanced Owed

List below all persons living with you:

Name	Age	Relationship	Are they Working	Monthly Earnings	Monthly house Contributions

Personal Debts: What do you owe?

To Whom	For What	Date of Debt	Original Amount	Monthly Payment	Balance

List any other Monthly Obligation and Debts: Include utilities, phones, garbage, cable tv, medicines, etc.

To Whom	Monthly Amount

If there is any further information that you want to add, do so here.

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 or 4) must be attached as proof of income.

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. _____
(Initial)

I understand that I must apply for the poverty exemption every year that I am in need of tax relief. _____
(Initial)

Petitioner's Signature

Date

GUIDELINE RESOLUTION FOR POVERTY EXEMPTION

WHEREAS, the adoption of guidelines for poverty exemptions is required of the Township Board; and **WHEREAS**, the principal residence of persons, who the Supervisor/Assessor and Board of Review determines by reason of poverty to be unable to contribute to the public charge, is eligible for exemption in whole or in part from taxation under Public Act 390 of 1994 (MCL 211.7u); and **WHEREAS**, pursuant to PA 390 of 1994, the Township of Leoni, Jackson County adopts the following guidelines for the Board of Review to implement. The guidelines shall include but not be limited to the specific income and asset levels of the claimant and all persons residing in the household. Including and property tax credit returns, filed in the current of immediately preceding year;

To be eligible, a person shall do all the following:

- 1) Be an owner of and occupy as a principal residence the property for which an exemption is requested.
- 2) File a claim with the supervisor/assessor or Board of Review, accompanied by 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 or signed State Tax Commission Form 4988, Poverty Exemption Affidavit.
- 3) File a claim reporting that the combined assets of all persons do not exceed the current guidelines. Assets included but are not limited to, real estate of than the principal residence, personal property, motor vehicles, recreational vehicles and equipment, certificates of deposit, savings accounts, checking accounts, stocks, bonds, life insurance, retirement funds, etc. The Board of Review shall review the listed assets to assist in the determination of the ability of the applicant to pay their property taxes. Not to exceed \$15,000.
- 4) Produce a valid driver’s license or other form of identification, if requested.
- 5) Produce, if requested, a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
- 6) Meet the federal poverty income guidelines as defined and determined annually by the United States Department of Health and Human Services or alternative guidelines adopted by the governing body providing, the alternative guidelines do not provide eligibility requirements less than the federal guidelines.
- 7) The application for an exemption shall be filed after January 1, but one day prior to the last day of December Board of Review. The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the right of appeal to the Michigan Tax Tribunal.

The application applies to the current year only. Any person receiving Poverty Exemptions must re-apply every year.

Federal Poverty Guidelines Used in the Determination of Poverty Exemptions

Size of Family Unit	Poverty Guidelines
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430
For each additional person	\$4,420

NOW, THEREFORE, BE IT HEREBY RESOLVED that the supervisor/ assessor and Board of Review shall follow the above stated policy and federal guidelines in granting or denying and exemption, unless the Board of Review determines there are substantial and compelling reasons why there should be a deviation from the policy and federal guidelines and these reasons are communicated in writing to the claimant.

The foregoing resolution offered by Township Board Member Cole and supported by Township Board Member Linnabary .

Present: Supervisor Linnabary, Treasurer Clemente, Clerk Pickett, Trustees Cole, Cox, McGee, and Horning

Absent: None

Dated: 11/10/2020