

Instruction for Applicant Requesting Consideration for a Poverty Exemption

- 1) Applicants must obtain the property application from the Township. Handicapped or infirmed applicants may call the Assessor or Supervisor's office to make necessary arrangements for assistance.
- 2) Applicants will not be eligible for consideration if they do not meet the Federal or Township Poverty Guidelines.
- 3) Applicants must be owners of the property and reside therein.
 - a) Must produce a driver's license or other acceptable method of identification.
 - b) Must produce a deed, land contract or other evidence of ownership if Board of Review requests it.
- 4) Applicants must fill out the application form in its entirety and return it, in person, to Perry Township, 2770 W Ellsworth Rd, Perry, MI 48872, except as noted in item 1 above.
 - a) **Application must not be signed until it is returned.**
 - b) **Application must be witnessed by the Supervisor, Assessor or Board of Review member.**
- 5) All applications must 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
 - d) Or file Form 4988 – Poverty Exemption Affidavit
- 6) Applications must be filed with the Supervisor or Board of Review after January 1st but before the day prior to the last day of the Board of Review.
- 7) Applications may be reviewed by the Board without the applicant being present. However, the Board may request that an applicant be physically present to respond to any questions the Board or Supervisor may have. This means that you may be called in to appear on short notice.
- 8) You may have to answer questions regarding your financial affairs, your health or 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.
- 9) Applicants will be administered an oath before signing application.
- 10) The Supervisor must agree to the Board's decision in 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 the 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 the petitioner in its deliberations as to whether relief should be granted.
- 13) The Board will consider granting property tax relief based on the receipt of an annual poverty exemption application filed that is complete and timely.
- 14) A successful applicant may be subject to personal investigation by the Township. This would be done to verify information submitted or statements made to the Supervisor, Assessor or Board of Review member(s) in regard to their poverty tax exemption claim.
- 15) The Supervisor may tape record and will keep minutes of all proceedings before the Board of Review and all meetings must be held in a municipal building.

Deliver your application to: Perry Township, 2770 w Ellsworth Rd.

If you need help or have questions, please contact the Supervisor or Assessor at (517) 625-4597.

POVERTY EXEMPTION CHECKLIST

With this completed application you must submit copies of the following applicable documents from the previous year for your and **every member of the household** (not including minors).

- Federal, State and City Income Tax Returns – 1040 or 1040A and any schedules or file Treasury Form 4988.

- All W-2 and 1099 Forms

- Michigan Homestead Property Tax Credit Claim MI-1040CR & Home Heating Credit

- Social Security Benefit Statement Form SSA-1099

- DSS Year End Total Payments Report

- Statement from Friend of the court

- Copy of Driver's License or State ID (front and back)

- Three (3) Recent Bank Statements, Retirement Accounts etc.

- Food Assistance Letter with Monthly Amount

- Student Loan/Scholarship letters

- Bills related to monthly expenses (Include medical and auto)

- Most recent mortgage/home loan statements

- A copy of a deed, land contract or other evidence of ownership

- If applicable, a written explanation of why any person(s) in the home 18 or over is not contributing to the income and expenses of the property.

Following are the federal and township poverty guidelines for use in setting poverty exemption guidelines for 2023 assessments.

Size of Family Unit	2023 Federal 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 addition person	\$4,720

Perry Township Poverty Exemption Application

I, _____, being the owner and resident of the property listed below, desire to apply for tax relief under Section 7u of the Michigan General Property Tax Act. (The real and personal property of persons, who, in the judgment of the Supervisor/Assessor and the Board of Review, by reason of poverty, are unable to contribute toward the public charges, are exempt from taxation under this Act.)

In order to be considered, 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.

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

DO NOT SIGN UNTIL WITNESSED BY THE SUPERVISOR OR BOARD OF REVIEW.

STATE OF MICHIGAN, COUNTY OF SHIAWASSEE

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.

“Do you, _____, swear and affirm that the evidence and testimony you will give on your own behalf before the Board of Review is the truth, the whole truth, and nothing but the truth, so help you.”

Petitioner's Signature: _____

Subscribed and sworn to me this _____ day of _____, 20____

Supervisor or Board of Review Member

This application must be returned to the Board of Review 1 day prior to the last day of the March, July or December Board of Review.

FOR BOARD OF REVIEW USE ONLY

Disposition by Board of Review

Date: _____

_____ Denied

_____ Reduced to \$ _____

Board of Review

Supervisor

