THOMPSON TOWNSHIP, SCHOOLCRAFT COUNTY MICHIGAN APPLICATION FOR POVERTY EXEMPTION FOR PROPERTY TAX RELIEF

Year _			
Parcel	 		
Owner	 		

To be eligible, a person shall do all the following on an annual basis:

- 1. Be an owner of and occupy as 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 credits returns filed in the immediately preceding year or in the current year or a signed State Tax Commission form 4988, Poverty Exemption Affidavit. 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. Instead, Form 4988, Poverty Exemption Affidavit may be filed for all persons residing in the residence who were not required to file federal or state income tax returns in the current or immediately preceding year.
- 3. File a claim reporting that the combined incomes of all person does not exceed the current guidelines. According to the United State Census Bureau "income" includes, but is not limited to:
- a. Money, wages, salaries before deductions, regular contributions from persons not living in the residence
- b. Net receipts from non-farm or farm self-employment (receipts from a person's own business, professional enterprise, or partnership, after business expense deductions) 5102 (Rev. 01-190 page 2
- c. Regular payments from social security, railroad retirement, unemployment, worker's compensation, veteran's payments, public assistance, supplemental security income (SSI), Alimony, child support, military family allotments
- d. Private and governmental retirement and disability pensions, regular insurance, annuity payments
- e. Collage or university scholarships, grants, fellowships, assistantships
- f. Dividends, interest, and net income from rentals, royalties, estates, trusts, gambling or lottery winnings
- 4. Produce a valid driver's license or other form of identification if requested.
- 5. Produce a deed, land contact, or other evidence of ownership of the property, if requested.
- 6. Meet the asset level test adopted by the local assessing unit, Example attached in exhibit A. also included with application.
- 7. Meet the federal poverty guideline published in the prior calendar year in the Federal Register by the United State Department of Health and Human Services. This yearly publication of income guidelines will be printed and available with the application.

Full or Partial Poverty Exemption per PA 253 of 2020 MCL 211.7u(5) states that if a person claiming the poverty exemption meets all eligibility requirement, the Board of Review shall grant the poverty exemption, in whole or in parts, as follows:

- a. A full exemption equal to a 100% reduction in taxable value for the year in which the exemption is granted; or
- b. A partial exemption equal to a 75% reduction in taxable value for the year in which the exemption is granted.
- c. A partial exemption equal to a 50% reduction in taxable value for the year in which the exemption is granted; or
- d. A partial exemption equal to a 25% reduction in taxable value for the year in which the exemption is granted.

No other method of calculating taxable value may be utilized, except for those percentage reductions specifically authorized in statute, or any other percentage approved by the State Tax Commission.

To request a poverty exemption, a taxpayer must file:

- d. Form 5737 Application for MCL 211.7u Poverty Exemption
- e. Form 5739 Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty
- f. All required additional documentation (such as federal/state income tax returns) Forms 5737 and 5739. along with any additional documentation, must be filed with the local assessing unit where the property is located. These forms do not get filed with the Department of Treasury or the State Tax Commission. The forms may be submitted to the local assessing unit on or after January 1 but before the day prior to the exemption is requested.

The Board of review shall approve or deny the request for the property exemption. The Board of Review is required to follow the policy and guidelines adopted by the local assessing unit granting or denying a poverty exemption. The Board of Review is not permitted to deviate from the adopted policy and guidelines. Poverty exemption application can be heard at the March, July, or December Board of Review. However, there can only be one Board of Review decision already made that year. For example: if an application is denied at the March Board of review, it may not be reheard by July or December Board of Review during the same calendar year. The taxpayer must file an appeal of the March Board of Review to the Michigan Tax Tribunal.

Assessor Review & Notes:

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. exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies as a principal section. occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION — Enter information				
PART 1: OWNER INFORMATION — Enter information	on for the person owning	Owner Telephor	e Number	
Owner Name			State	ZIP Code
Mailing Address	City			
PART 2: LEGAL DESIGNEE INFORMATION (Comp	lete if applicable.)	Daytime Telepho	ne Number	
Legal Designee Name		Daytinic to op		
Mailing Address	City		State	ZIP Code
walling Address				tion is being claimed
PART 3: HOMESTEAD PROPERTY INFORMATION	 Enter information for p 	roperty in which in	e excinp	<u></u>
City or Township (check the appropriate box and enter name) City Township Village				
Name of Local School District				
	Year(s) Exemption Previo	ously Granted by Board	of Review	
Parcel Identification Number			State	ZIP Code
Homestead Property Address	City		State	
PART 4: AFFIRMATION OF OWNERSHIP, OCCUPA		ATUS (Check al	l boxes t	hat apply.)
as any dwelling with its land and buildings where After establishing initial eligibility for the exemptic I receive a fixed income solely from public assists rate of inflation, such as federal Supplemental Se	on, my income and asse	et status has ren	nained u ual incre ity or ret	nchanged and/or eases beyond the irement benefits.
PART 5: CERTIFICATION	fti manyidad on t	this form is true:	and Lam	
hereby certify to the best of my knowledge that the in an exemption from property taxes by reason of povert	ty pursuant to Michigan	Compiled Law.	211G 1 G111	eligible to receive
	<u></u>			
Owner or Legal Designee Name (print) Signatu	ire of Owner or Legal Designee			eligible to receive 211.7u. ate
Owner or Legal Designee Name (print) Signatu	re of Owner or Legal Designee			
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Over or Legal Designee Name (print) Signatu Designee must attach a letter of authority.	ore of Owner or Legal Designee	BELOW THIS L	INE)	
Designee must attach a letter of authority. LOCAL GOVERNMENT USE O Approved Denied (Attach appeal instructions a	ONLY (DO NOT WRITE	BELOW THIS L Tax Year(s) exc	INE)	ll be posted to tax roll
Designee must attach a letter of authority. LOCAL GOVERNMENT USE O Approved Denied (Attach appeal instructions a	ONLY (DO NOT WRITE	BELOW THIS L Tax Year(s) exc	INE) emption wi	ll be posted to tax roll

Request For Approval of Percentage Reduction in Taxable Value For Poverty Exemptions Under MCL 211.7u

This form is issued under the authority of Public Act 253 of 2020.

This form is to be completed by any local assessing unit requesting to utilize a percentage reduction in taxable value for exemptions granted under MCL 211.7u other than the taxable value reductions permitted by MCL 211.7u(5)(a) and (b)(i). MCL 211.7u(5)(b)(ii) provides that the board of review may grant the poverty exemption, in whole or in part, for any other percentage reduction in taxable value for the tax year in which the exemption is granted, applied in a form and manner prescribed by the State Tax Commission. The local assessing unit is required to complete this form in its entirety and submit to the State Tax Commission for review and approval prior to applying any other percentage reduction in taxable value other than what is permitted in statute.

All parts below must be completed.

PART 1: LOCAL ASSESSING UNIT INFORM	MATION	10		
City or Township (check the appropriate box and enter name)		County		
City Township				ZIP Code
City or Township Mailing Address	City		State	
PART 2: PERCENTAGE REDUCTION(S) IN	TAXABLE VALUE REQUE	STED		
ist all requested percentage reductions below:				
PART 3: EXPLANATION OF HOW PERCENT	TAGE REDUCTION WILL	BE CALCULAT	TED AND APP	PLIED
PART 3: EXPLANATION OF HOW PERCENT Provide an explanation of how the percentage reduction(s) in taxa	able value will be calculated and applic	ed by the local assessi	ing unit. Attach addi	tional pages if necessar
PART 4: CERTIFICATION				
are the tenth best of our knowledge, that	the information contained	in this form is	complete and	accurate and the
We certify to the best of our knowledge, that	inship named in this form.	vve understand	i that a reque	st for a percenta
We certify to the best of our knowledge, that	inship named in this form.	vve understand	i that a reque	st for a percenta
PART 4: CERTIFICATION We certify to the best of our knowledge, that we are authorized to represent the city or tow reduction in taxable value other than what is	nship named in this form. s prescribed in statute mu	vve understand ist be submitted	tnat a reque d to and app	st for a percentag roved by the Sta
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We certify to the best of our knowledge, that we are authorized to represent the city or tow eduction in taxable value other than what is fax Commission prior to use of any other per exemptions under MCL 211.7u.	rnship named in this form, s prescribed in statute mu rcentage reduction in taxal	ve understand ist be submitted ble value by the Clerk Signature	tnat a reque d to and app	st for a percentag roved by the Sta

Mail completed form and any attachments to: State Tax Commission, PO Box 30471, Lansing MI 48909; or e-mail to State-Tax-Commission@michigan.gov

Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211 7u

INSTRUCTIONS: When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

l,	, swear and a	affirm by my signature below that I
reside in the principal residence that is the for the current tax year and the preceding	ne subject of this Applica	ition for Poverty Exemption and that gired to file a federal or state income
tax return.	rax year, rwas not requ	alled to the directors.
Address of Principal Residence:		
Signature of Person Mak	ing Affidavit	Date

Size of Family Unit	Poverty Guidelines
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
For each additional person	\$5,380

Note: MCL 211.7u 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. Please see STC Bulletin 3 of 2021 for more information on poverty exemptions.

Note: MCL u 211.7 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.

C. Sales Studies

Equalization study dates are as follows for 2024 equalization:

Two Year Study: April 1, two years prior through March 31, current year Single Year Study: October 1, preceding year through September 30, current year

For 2023 studies for 2024 equalization the dates are as follows:

Two Year Study: April 1, 2024 through March 31, 2023 Single Year Study: October 1, 2022 through September 30, 2023

Note that the time period revisions apply to all equalization studies, that is: sales ratio studies, land value studies and economic condition factor studies for appraisals. Also note that the revised time period for two year studies applies to all property classifications.

D. Property Classification

The State Tax Commission reminds assessors that classification is to be determined annually and is based upon the use of the property **And Not** highest and best use of the property. The Commission is aware that some assessors are still classifying according to highest and best use and/ or are not classifying property on an annual basis. The Commission asks that all asseddors take the necessary steps to ensure that all real and personal property is properly classified according to MCL 211.34c.

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.

Number of Legal Dependents	write legibly and attacr	i addilional pages	as necessary.					
Age of Petitioner's Name Age of Petitioner Age of Petitioner Age of Spouse Number of Legal Dependents	DARTA DEDOCALA				anal inform	ation.		
Property Address of Principal Residence Cry Amount of Homestead Property Tax Credit PART 2: REAL ESTATE INFORMATION List the real estate information related to your principal residence. Be prepared to provide a deed, land contract or other evidence of ownership of the property at the Board of Review meeting. Property Parcel Code Number Unpaid Balance Owed on Principal Residence Monthly Payment Length of Time at this Residence Property Description PART 3: ADDITIONAL PROPERTY INFORMATION List information related to any other property owned by you or any member residing in the household. Check if you own, or are buying, other property. If checked, complete the information below. Clay State ZIP Code Amount of Income Eamed from other Property Information below. City State ZIP Code Amount of Taxes Paid	Petitioner's Name	INFORMATION	— Petitioner must	ist all required pers	Daytime F	Phone Number		
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	2 Name of Owner(s)			Assessed Value	Date of La	ist Taxes Paid	Amount of Taxes Paid	
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	INFORMATION	I — List your cur	rent employment	information.		
Name of Employer		<u> </u>	 -			ZIP Code
Address of Employer			City		State	ZIP Code
Contact Person			Employer Telephone	Number		
			<u> </u>			
PART 5: INCOME SOUR						dividual retirement
List all income sources, i accounts), unemploymer judgments from lawsuits income, for all persons re	, alimony, child s	support, friend o	es, Social Securi nment pensions, r family contribut	ion, reverse mort	gage, or a 	
				Mon	thly or An (indicate	nual Income which)
	Source of	Income				
PART 6: CHECKING, SA	AV/INGS AND IN	VESTMENT INF	ORMATION			
List any and all savings accounts, postal savings persons residing at the p	s, credit umon si	nousehold membares, certificates	pers, including by soft deposit, cash	ut not limited to.	or similar i	value of
Name of Financial In		Amount	Current			
or Investment	<u></u>	on Deposit 1	nterest Rate	Name on Acc	ount	Investment
or Investment	S	on Deposit I	nterest Kate	Name on Acc	ount	Investment
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or Investment PART 7: LIFE INSURAN Name of Insured				bers.		
PART 7: LIFE INSURAN	ICE — List all po	licies held by all	household mem	bers.		Relationship to
PART 7: LIFE INSURAN	ICE — List all po	licies held by all	household mem	bers.		Relationship to
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First and Last Name			Age		Арриоция				
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PART 10: PERSONAL	DERT List o	ll personal d	leht for a	all ho	 usehold mem	ı——— bers.			
PART 10: PERSONAL	DEBI — LISUA	ii personai d	Dat			- 1			
Creditor	Purpose	of Debt	of De		Original Ba	ance	<u>Month</u>	nly Payment	Balance Owed
<u> </u>	Тапросс								
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PART 11: MONTHLY	XPENSE INFO	RMATION							
The amount of monthl necessary.	y expenses rela	ated to the p	orincipal	resid	dence for eac	h cate	gory r	nust be listed	d. Indicate N/A a
Heating	Electric			Wate	г		\top	Phone	
				Cloth	in q			Health Insurance	
Cable	Food								
Garbage		Daycare				Ca	r Expen:	se (gas, repair, etc	i.)
Other (type and amount)		Other (type ar	nd amount)			Oth	her (type	and amount)	
Calci (type one amount							hor /him	e and amount)	
Other (type and amount)	<u> </u>	Other (type and amount)			Oti	ner (type	anu 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 to a residence and state income tax returns for all persons residing in the principal residence, including any property to a residence. including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Endant and state income tax returns for all persons residing in the principal residence with this application. 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 for a person was not required to 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 as in the secti section is claimed or in the immediately preceding tax year.

	AN EDCHENT	
The governing body of the local assessing unit s used for the granting of exemptions under MCL the federal poverty guidelines published in the priof Health and Human Services under its authority adopted by the governing body of the local asseligibility requirements less than the federal guithe specific income and asset levels of the claim persons must not exceed the limits set forth in the specific income and asset levels of the claim persons must not exceed the limits set forth in the specific income.	hall determine and make available to the pub 211.7u. In order to be eligible for the exempti ior calendar year in the Federal Register by the ty to revise the poverty line under 42 USC 99 tessing unit so long as the alternative guide idelines. The policy and guidelines must income and assets	i02, or alternative guidelines lines do not provide income clude, but are not limited to . The combined assets of algunit.
	<u> </u>	
PART 12: CERTIFICATION I hereby certify to the best of my knowledge tha eligible for the exemption from property taxes p	it the information provided in this form is com ursuant to Michigan Compiled Law, Section	plete, accurate and I am 211.7u.
Printed Name	Signature	Date
	but before the day prior to the last day of	tu land unit's Decemb

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

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