

POVERTY EXEMPTION APPLICATION
Confidential Information

This application shall be filed after January 1, but before the day prior to the last day of March, July or December Board of Reivew to the following address:

Board of Review
c/o Assessor or Supervisor
Benzonia Twp.
Benzonia ,MI 49616

YEAR: _____ PARCEL # _____

PETITIONER INFORMATION

Name:		Date of Birth:
Phone #	Day:	Evening:
	Cell:	Beeper:

Property Address for which relief is being sought: _____

Marital Status: _____
of yrs.: _____

PETITIONER EMPLOYMENT STATUS

Disabled-# of yrs.: _____
Do you qualify for disability benefits?: _____
Employed Full-time: _____
Employed Part-time: _____
Retired-# of yrs.: _____
Unemployed-# of yrs.: _____
Laid-off-# of yrs.: _____
Other: _____

SPOUSE EMPLOYMENT STATUS

Disabled-# of yrs.: _____
Do you qualify for disability benefits?: _____
Employed Full-time: _____
Employed Part-time: _____
Retired-# of yrs.: _____
Unemployed-# of yrs.: _____
Laid-off-# of yrs.: _____
Other: _____

Occupation: _____

Occupation: _____

Employer: _____
Address: _____
Telephone: _____

Employer: _____
Address: _____
Telephone: _____

MORTGAGE INFORMATION

Purchase Date: _____ Amount Paid: \$ _____
Mortgage/Land Contract Balance: \$ _____
Monthly Payment: \$ _____ Includes taxes & insurance?: Yes No
of yrs Remaining on the mortgage/land contract?: _____
Are your current property taxes paid?: Yes No
Did you apply for a poverty exemption last year? Yes No
Do you have an ownership interest in any other real estate in Michigan or anywhere else?: Yes No
If yes:
Address: _____ Property ID # _____
Purchase Date: _____
Current SEV: \$ _____
Current Estimated Value \$ _____

Are you and/or your spouse the sole owners of the subject property?: Yes No

If no, list all owners and their percentage of ownership:

Have any improvements, changes or additions been made to the property in the last two(2) years? Yes No

If yes, explain:

Do you anticipate selling the homestead property for which relief is sought in the next year? Yes No

If yes, explain:

Does anyone contribute to your support? Yes No

If yes:

Amount: \$ _____

Explain: _____

Is anyone living in the home able to contribute to your support? Yes No

If yes, explain: _____

RESIDENT STATUS

Please list all people currently living in your household other than yourself and your spouse:

	1	2	3	4	5	6
Name						
Age						
Relationship						
Occupation						
Annual Income						
Claimed as a dependant						
Heir to Estate?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

ASSET INFORMATION

What are your current assets in addition to the real estate noted previously?

Cash \$ _____

Savings Accts \$ _____

Checking Accts \$ _____

Money Markets \$ _____

Stocks/Bonds/Bills \$ _____

Insurance \$ _____

Other \$ _____

Investments \$ _____

IRA, Keogh, Annuities \$ _____

Deferred Compensation \$ _____

Personal Property \$ _____

(held as investment, i.e.: gems, jewelry, coins, antiques, etc.)

Vehicles, Cars, Trucks, Boats, Trailers, Etc.

	1	2	3	4	5
Make					
Model					
Year					
Value					
Balance Owed					

Total Assets \$ _____

LOAN DEBT

Do you have other loans or land contracts outstanding? Yes No
 If yes,

To Whom		To Whom	
Address		Address	
Monthly Payment		Monthly Payment	
Current Balance		Current Balance	

EXPENSE INFORMATION

Average M-o-n-t-h-l-y Expenses:

MONTHLY

Rent/House Payment(P&I)	\$ _____
Life Insurance	\$ _____
Health Insurance	\$ _____
Home Insurance	\$ _____
Auto Insurance	\$ _____
Taxes(Principal Residence)	\$ _____
Taxes on all other property	\$ _____
Car Payment(s)	\$ _____
Special Assessments	\$ _____
Utilities:	\$ _____
Gas/Oil	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Water/Sewer	\$ _____
Child Care	\$ _____
Food/Clothing	\$ _____
Other Loans	\$ _____
Medical	\$ _____
Lawn care/snow removal	\$ _____
Cable/Dish	\$ _____
Other(specify)	\$ _____
Total	\$ _____

VERIFICATION OF EXPENSES MAY BE REQUIRED

Do you have any major or unusual expenses? Yes No
 If yes, please explain: _____

INCOME INFORMATION

Please list all sources of your personal income. Please indicate the amount from each source on an **A-n-n-u-a-l** basis.

Wages, salaries, tips, sick, strike and subpay, etc.	\$ _____
All interest and dividend income (incl. Non-taxable interest)	\$ _____
Net rent, business or royalty income	\$ _____
Retirement pension and annuity benefits	\$ _____
Name of payer: _____	
Net farm income	\$ _____
Capital gains less capital losses	\$ _____
Alimony and other taxable income	\$ _____
Social Security, SSI or R/R Retirement	\$ _____
Child Support, WIC	\$ _____
Unemployment compensation and TRA benefits	\$ _____
Workers' compensation, veteran's disability compensation	\$ _____
ADC and GA benefits	\$ _____
All other public assistance payment	\$ _____
Describe: _____	
Other Non-taxable income	\$ _____
Describe: _____	

TOTAL INCOME: \$ _____

What was the total income from all sources of everyone living in your household for the past two(2) years?
Last year: \$ _____ Prior year \$ _____

Do you anticipate any major changes in income for the coming year: Yes No
If yes, explain: _____

PLEASE READ CAREFULLY:

I/we, am/are unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u MCL.

I/we have read this application and fully understand the contents thereof. I/we declare that the statements made herein are complete, true and correct to the best of my/our knowledge. I/we further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability in accordance with Section 211.119 MCL.

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. Per MCL 211.7u(2b) a copy of all household members federal income tax returns, state income tax returns (MI-1040) and Homestead Property Tax Credit Claims (MI-1040CR 1,2,3 or 4) must be attached as proof of income. Documentation for all income sources including, but not limited to, credits, claims, Social Security income, child support, alimony income and all other income sources must be provided at time of application.

Petitioner

Signature: _____
Print Name: _____

Spouse

Signature: _____
Print Name: _____

Subscribed and sworn to before me this _____ day of _____ 20____.

Notary Public/Assessor/Board of Review Chairman/Supervisor

My Commission Expires: _____ County, _____

POVERTY EXEMPTION APPLICATION
Confidential Information

YEAR: _____

PARCEL # _____

PETITIONER INFORMATION

Name: _____

Petition has been: _____ Granted _____ Denied

BOR Member: _____

BOR Member: _____

BOR Member: _____

Supervisor: _____

Date:

DECISIONS OF THE MARCH BAORD OF REVIEW MAY BE APPEALED IN WRITING TO THE MICHIGAN TAX TRIBUNAL BY JULY 31 OF THE CURRENT YEAR. JULY OR DECEMBER BOARD OF REVIEW DENIALS MAY BE APPEALED TO MICHIGAN TAX TRIBUNAL WITHIN 35 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE FILING.

Michigan Tax Tribunal
P O Box 30232
Lansing, MI 48909
Ph 517-373-3003
Fx 517-373-1633
Email: taxtrib@michigan.gov



STATE OF MICHIGAN
DEPARTMENT OF TREASURY
LANSING

RICK SNYDER
GOVERNOR

NICK A. KHOURI
STATE TREASURER

**BULLETIN NO. 12 of 2016
CHANGES FOR 2017
October 18, 2016**

TO: Assessors
Equalization Directors

FROM: State Tax Commission (STC)

RE: **PROCEDURAL CHANGES FOR THE 2017 ASSESSMENT YEAR**

The purpose of this Bulletin to provide information on statutory changes or procedural changes for the 2017 assessment year.

A. Inflation Rate Used in the 2017 Capped Value Formula.

The inflation rate, expressed as a multiplier, to be used in the 2017 Capped Value formula is 1.009. The 2017 Capped Value Formula is as follows:

$$\text{2017 CAPPED VALUE} = (\text{2016 TAXABLE VALUE} - \text{LOSSES}) \times 1.009 + \text{ADDITIONS}$$

The preceding formula does not include 1.05 because the inflation rate multiplier of 1.009 is lower than 1.05.

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 of 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 \$20,160 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 \$20,160. Following are the federal poverty guidelines for use in setting poverty exemption guidelines for 2017 assessments.

Size of Family Unit	Poverty Guidelines
1	\$ 11,880
2	\$ 16,020
3	\$ 20,160
4	\$ 24,300
5	\$ 28,440
6	\$ 32,580
7	\$ 36,730
8	\$ 40,890
For each additional person	\$ 4,160

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. Please see STC Bulletin 5 of 2012 for more information on poverty exemptions.

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.

C. Multipliers for the Valuation of Free-Standing Communication Towers.

The State Tax Commission recommends that, subject to the qualifications stated below, communication towers should be valued for the 2017 assessment year using the table of **historical** (original cost when the tower was new) cost valuation multipliers set forth in the multiplier table below. These multipliers have been developed in a manner such that they account for the typical depreciation which is expected for a tower of the indicated age and also account for changes in the cost of the tower and erecting it that have occurred since the time the tower was constructed. On this basis, the multiplier table which is shown below is intended to predict the current true cash value of a tower of the vintage year in which the tower was constructed. An important component in determining the current value of a tower built in a given year is the change in the cost of materials, particularly changes in the cost of steel, between the time of construction and the current Tax Day. Since the table considers both depreciation and changes in construction costs, and since changes in construction cost have not always occurred at a constant rate, the multiplier table does not always evidence a decline in the rate by which the historical cost must be adjusted in order to determine current value. This effect is expected and can be better understood if one remembers that the multiplier table is not a depreciation table and the multipliers are applied to the historic cost of construction, not to the current replacement cost.