

YEAR _____

PARCEL NUMBER _____

**ALGOMA TOWNSHIP
APPLICATION
FOR
PRINCIPAL RESIDENCE POVERTY EXEMPTION**

The filing of this form is necessary to determine if you qualify for a Principal Residence Poverty exemption. The following questions are necessary in order to determine hardship and asset status. You are required to answer each question. If you do not answer each question, and supply all requested forms, sufficient information will not be available to grant an exemption. Applications submitted without the completed application and all requested forms will NOT be processed.

**ALGOMA TOWNSHIP
POVERTY EXEMPTION APPLICATION**

I, _____, being the owner and resident of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act.

Name: _____ Date of Birth: _____

Property Address for which relief is being sought:	<u>Marital Status</u>	<u>No. of Years</u>
_____	<input type="checkbox"/> Married	_____
_____	<input type="checkbox"/> Divorced	_____
	<input type="checkbox"/> Widowed	_____
	<input type="checkbox"/> Separated	_____
	<input type="checkbox"/> Single	_____

Phone Number: Daytime: () _____ Evening: () _____
Cell-Phone: () _____

PETITIONER EMPLOYMENT STATUS:

Employed Full Time Unemployed – How Long? _____
 Employed Part Time Disabled – How Long? _____
 Retired – How Long? _____ Other _____

Usual Occupation _____

Employer (last employer if unemployed): _____

Employers Address: _____

Employers Telephone: _____

SPOUSE EMPLOYMENT STATUS:

Employed Full Time Unemployed – How Long? _____
 Employed Part Time Disabled – How Long? _____
 Retired – How Long? _____ Other _____

Usual Occupation _____

Employer (last employer if unemployed): _____

Employers Address: _____

Employers Telephone: _____

RESIDENT STATUS

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

Name: _____

Age: _____

Relationship: _____

Employment Status: _____

Occupation: _____

Annual Income: _____

Is this person claimed as a dependent? _____

Name: _____

Age: _____

Relationship: _____

Employment Status: _____

Occupation: _____

Annual Income: _____

Is this person claimed as a dependent? _____

Name: _____

Age: _____

Relationship: _____

Employment Status: _____

Occupation: _____

Annual Income: _____

Is this person claimed as a dependent? _____

Name: _____

Age: _____

Relationship: _____

Employment Status: _____

Occupation: _____

Annual Income: _____

Is this person claimed as a dependent? _____

ASSET INFORMATION

Vehicles, Cars, Trucks, Boats, Trailers, etc.

Make: _____ Model: _____ Year: _____

Value: _____ Balance Owed: _____

Make: _____ Model: _____ Year: _____

Value: _____ Balance Owed: _____

Make: _____ Model: _____ Year: _____

Value: _____ Balance Owed: _____

Make: _____ Model: _____ Year: _____

Value: _____ Balance Owed: _____

Do you own or rent any other real-estate other than the property for which the exemption is being sought? YES NO

Please list all other property owned or rented:

Property Address: _____

City: _____ State: _____ Zip: _____

PP#: _____ Assessed Value: _____

Property Address: _____

City: _____ State: _____ Zip: _____

PP#: _____ Assessed Value: _____

Property Address: _____

City: _____ State: _____ Zip: _____

PP#: _____ Assessed Value: _____

Property Address: _____

City: _____ State: _____ Zip: _____

PP#: _____ Assessed Value: _____

INCOME INFORMATION

Please list all sources of your and your spouse's personal income. Please list the amount from each source on an ANNUAL basis for the preceding year.

Wages, Salaries, tips, sick, strike, subpay, etc.	\$ _____
All Interest and dividend Income	\$ _____
Net Rent, business or royalty income	\$ _____
Retirement pension and annuity benefits	\$ _____
Net Farm Income	\$ _____
Capital gains less capital losses	\$ _____
Alimony	\$ _____
Social Security, SSI or railroad retirement benefits	\$ _____
Welfare/ADC	\$ _____
Child Support	\$ _____
WIC	\$ _____
Unemployment Compensation and TRA benefits	\$ _____
Workers Compensation	\$ _____
Disability Compensation	\$ _____
All other assistance payments	\$ _____
Describe _____	
Other non-taxable income	\$ _____
Describe _____	
TOTAL INCOME	\$ _____

What was the total income from all sources of income of EVERYONE living in your household for the past two (2) years?

Last Year: _____ Prior Year: _____

Do you anticipate any major changes (increases or decreases) in the coming year?

YES NO

If yes, please explain: _____

EXPENSE INFORMATION

Please list your average MONTHLY household expenses:

Mortgage Payment	\$ _____
Car #1 Payment	\$ _____
Car #2 Payment	\$ _____
Home Insurance (if not included in Mtg payment)	\$ _____
Auto Insurance	\$ _____
Health Insurance	\$ _____
Life Insurance	\$ _____
Nat. Gas / LP / Fuel Oil	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Internet	\$ _____
Cable / Dish	\$ _____
Cell Phone	\$ _____
Child Care	\$ _____
Food	\$ _____
Clothing	\$ _____
Medical	\$ _____
Lawn Care / Snow Removal	\$ _____
Other Loan #1 (Specify)	\$ _____
Other Loan #2 (Specify)	\$ _____
Other (Specify)	\$ _____
TOTAL MONTHLY EXPENSE	\$ _____

Do you have any credit card or other personal debts that were not listed above?

YES NO

If yes, please list to whom the debt is owed, the monthly payment, and the current payoff.

Debt #1 to whom: _____ Mo. Pmt: _____ Payoff: _____

Debt #2 to whom: _____ Mo. Pmt: _____ Payoff: _____

Debt #3 to whom: _____ Mo. Pmt: _____ Payoff: _____

Debt #4 to whom: _____ Mo. Pmt: _____ Payoff: _____

OTHER INFORMATION

Are your property taxes paid? YES NO

Do you owe delinquent or prior year property taxes? YES NO

Did you apply for a hardship exemption last year? YES NO

Have you applied for a Homestead Property Tax Credit this year? YES NO

If yes, how much was it? \$_____

Have any improvements, changes or additions been made to the property in the past two years? YES NO

If yes, explain: _____

Do you anticipate selling the property for which relief is sought in 2011?

YES NO

Please describe any disability or health problems for yourself:

Please describe any disability or health problems for your spouse:

Please describe any disability or health problems for your dependants:

PLEASE READ CAREFULLY

I (we) feel that the payment of the full property taxes on the above described property will place an unreasonable burden on my (our) personal finances and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws.

I (we) have read this application and fully understand the contents thereof. I (we) declare under penalty of perjury 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 of the Michigan Compiled Laws.

I (we) also understand that any relief granted by this application is for the current year only.

DO NOT SIGN UNTIL WITNESSED BY THE ASSESSOR OF BOARD OF REVIEW

Petitioner's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____

Subscribed and sworn before me this _____ day of _____, 20_____.

Assessor or Chairman of the Board of Review

FOR BOARD OF REVIEW USE ONLY

Disposition by Board of Review

Date: _____

Denied

Taxable Value reduced to \$ _____

Board of Review

Supervisor

Assessor

INSTRUCTIONS FOR PETITIONER REQUESTING CONSIDERATION FOR A POVERTY EXEMPTION

1. Petitioner(s) must complete the application as provided by the Assessor in its entirety and return it to the Algoma Township Hall in person Monday through Friday from 8:30 to 4:30 or by mail to Algoma Township Hall, 10531 Algoma Ave, Rockford, MI 49341
2. Applications must be received before the day prior to the last day of the Board of Review
3. Petitioner(s) will not be eligible for consideration if they do not meet the Federal Poverty Guidelines.
4. Petitioner(s) must be the owners of the property and reside therein.
5. The petitioner(s) shall, upon request of the Assessor, make an appointment with the Board of Review during the scheduled meeting time of the Board of Review. At that appointed time the Assessor or Board of Review may administer an oath to the petitioner(s).
6. Upon the request of the Assessor or the Board of Review, petitioner(s) **must** produce:
 - A deed, land contract or other evidence of ownership.
7. **The application must include copies of the following:**
 - A driver's license or other acceptable method of identification
 - Federal Income Tax Return – 1040 or 1040A
 - State Income Tax Return – MI-1040
 - Homestead Property Tax Claim