

DECLARATION OF POVERTY & REQUEST FOR TAX RELIEF APPLICATION
As of December 31, 2002

Property ID Number: _____

Current State Equalized Value: _____ Current Taxable Value: _____

Property Address: _____

APPLICANT INFORMATION

IMPORTANT: It is necessary that you fill out this petition as carefully as you can. All questions must be answered. Please have supporting information such as contracts, mortgage receipts, tax receipts, bankbooks, etc. available. An investigator may call at your home to examine your records. **NOTE:** Any person making a false petition for the purpose of exemption from taxation shall be guilty of the crime of perjury, and shall be punished accordingly.

I (We) hereby appeal to the Board of Review for a reduction of taxable valuation because of inability to contribute fully toward the public charges by reason of **POVERTY**.

Name of Owner & Co-Owners: _____

Street Address: _____

City, State, Zip: _____ Phone Number: _____

Did you or a co-owner apply for a Michigan Homestead Property Tax Credit? yes no

If YES, did you receive a refund or tax credit? refund credit How Much: \$ _____

If NO, why not: _____

Owners:

Social Security # _____

Age as of Dec 31st: _____

Are you blind? YES NO

Are you paraplegic, hemiplegic or quadriplegic? YES NO

Are you totally and permanently disabled as defined under Social Security Guidelines 42 USC 416?
 YES NO

Are you a Veteran with service-connected disability? YES NO

If YES, what % of disability? _____%

Are you a surviving spouse of a Veteran with a service-connected disability? YES NO

If YES, what % of disability? _____%

Are you a surviving spouse of a veteran deceased in service? YES NO
Are you a veteran of wars before WWI, pensioned veteran, their surviving spouses, or active military?
 YES NO
Are you a surviving spouse of a non-disabled or non-pensioned veteran of the Korean War, WW2, or WWI?
 YES NO

Co-owners:

Social Security # _____
Age as of Dec 31st: _____
Are you blind? YES NO
Are you paraplegic, hemiplegic or quadriplegic? YES NO
Are you totally and permanently disabled as defined under Social Security Guidelines 42 USC 416?
 YES NO
Are you a Veteran with service-connected disability? YES NO
If YES, what % of disability? _____%
Are you a surviving spouse of a Veteran with a service-connected disability? YES NO
If YES, what % of disability? _____%
Are you a surviving spouse of a veteran deceased in service? YES NO
Are you a veteran of wars before WWI, pensioned veteran, their surviving spouses, or active military?
 YES NO
Are you a surviving spouse of a non-disabled or non-pensioned veteran of the Korean War, WW2, or WWI?
 YES NO

Has an affidavit for Homestead exemption from some school taxes been filed for this property? YES
 NO. If YES, what percent (%) exemption was granted? _____%

SUBSTANTIAL & COMPELLING REASONS

In the space below list any substantial and compelling reasons you feel the Board should consider during the evaluation of this petition.

GENERAL INFORMATION

Check one: Married Single Divorced Widow Widower Separated

How long have you been a resident of the City/Township? _____ years

What year did you purchase this property? _____

Purchase Price? \$ _____ Down Payment \$ _____ Interest Rate _____ %

Total unpaid balance of mortgage as of 12/31/_____ \$ _____

Mortgage or Contract Holder: _____

Taxes: Delinquent years _____ Delinquent Amount \$ _____

List all persons living in the household (including yourself):

<u>Last Name</u>	<u>First Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Employment</u>

INCOME & ASSETS

SECTION A: Schedule of Family Income

DO NOT INCLUDE THE FOLLOWING:

1. Money received from the sale of property such as stocks, bonds, a house, or a car unless a person is in the business of selling such property.
2. Withdrawals of bank deposits and borrowed money.
3. Tax refunds, gifts, loans, and lump-sum inheritances, one-time insurance payments.
4. Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms.
5. Federal non-cash benefit programs such as Medicare, Medicaid, food stamps, school lunches.

INCLUDE INCOME OF ALL PERSONS RESIDING IN THE HOME:

1. Salaries, wages, tips & other employee compensation (include strike, sick & sub pay)	\$
2. All dividends & interest (including US., state & municipal bond interest)	
3. Net rent, royalty, business, gambling or lottery income	
4. Annuity & pension benefits; Name of Payer _____	
5. Net farm income	
6. All Capital gains less capital losses	
7. Alimony & other taxable income; Describe _____	
8. Other adjusted income	
9. Social Security, supplemental income (SSI) or railroad retirement benefits	
10. Unemployment compensation & trade readjustment allowance (TRA) benefits	
11. Child Support, Military Family Allotments	
12. College or university scholarships, grants, fellowships and assistant fellowships	
13. Other non-taxable income; Describe _____	
14. Worker's compensation, veteran's disability compensation & pension benefits	
15. ADC, GA or Emergency Assistance benefits	
16. All other public assistance payments (food stamps, fuel assistance, etc.) Describe _____	
17. SUBTOTAL (add lines 1 through 16)	\$
18. Insurance premiums you paid for medical care for yourself and family	
19. TOTAL HOUSEHOLD INCOME (subtract line 18 from line 17)	\$

SECTION B: Investments

On spaces below, list all stocks, bonds, mortgages, land contracts, annuities, US. Savings Bonds or any other investments you, the co-owner or any member of your household has.

Description of Investment	Present Value	Income Earned Last Year
	\$	\$

SECTION C: Real Estate

In the spaces below, list all property owned in full or in part by you, the co-owner or any member of your household (houses, land, cottages, garages, stores, etc.) Do not list the property this application is being applied for.

Address of Property	Owner	Market Value	Taxes	Income
		\$	\$	\$

SECTION D: Life Insurance Policies

In the spaces below, list all the insurance policies held by you the co-owner, or any member of the household.

Insured	Amount of Policy	Amount Paid Monthly	Cash Value of Policy	Name of Beneficiary	Relationship to Insured
	\$	\$	\$		

SECTION E: Motor Vehicles

In the spaces below, list all automobiles, motorcycles, trucks, off-the-road vehicles, etc. owned by you, the co-owner or any member of the household.

Make & Model	Year	License Number	Monthly Payment	Balanced Owed
			\$	\$

SECTION F: All Other Assets

In the spaces below, list all other assets and their values that are owned or controlled by you, the co-owner or any member of the household. (For example, boats, coin collections, antiques, jewelry, silver, etc.)

Type of Asset	Value	Owner
	\$	

EXPENSES

SECTION A: Debts

In the spaces below, list all outstanding debts that you, the co-owner, or any member of the household may have. Include mortgages, home improvement loans, chattel mortgages, finance company loans, personal loans, credit cards, automobile loans, etc. Do not include the mortgage payments for the property being applied for.

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balanced Owed
			\$	\$	\$

SECTION B: Subsistence Costs

In the spaces below, list the actual monthly household costs where available and estimate the others as closely as possible. You may be asked to verify your estimates with copies of bills and receipts.

1. Land Contract or Mortgage payment for homestead only Does this include an escrow amount for tax purposes <input type="checkbox"/> YES <input type="checkbox"/> NO		\$
2. Gas or Fuel Oil Did you receive a State of Michigan Home Heating Credit <input type="checkbox"/> YES NO. If YES, how much \$ _____	\$	
3. Electricity		\$
4. Water, Sewer, Garbage		\$
5. Food (exclude liquor, cigarettes, pet food, pop, etc.)		\$
6. Doctors & Medicine Do you have medical insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, who _____ Please be ready to provide a copy of your policy if so requested. Did you receive a State of Michigan Senior Citizen Prescription Drug Claim Credit? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, how much?	\$	
7. Homeowner's Insurance		\$
8. TOTAL SUBSISTENCE HOUSEHOLD EXPENSES		\$
9. TOTAL HOUSEHOLD CREDITS	\$	
10. NET TOTAL SUBSISTENCE HOUSEHOLD EXPENSES (line 8 minus line 9)		\$