



City of Walled Lake

Board of Review

2015 Poverty Exemption Application

Please review the attached Application Procedure and ensure that all required documentation is submitted with your application. Missing information may result in the dismissal of your application for the 2015 tax year.

City of Walled Lake

Board of Review

CITY COUNCIL POLICY FOR APPLICANTS REQUESTING CONSIDERATION UNDER SEC. 211.7u OF THE GENERAL PROPERTY TAX ACT OF 1893 THE MICHIGAN HOMESTEAD POVERTY EXEMPTION

APPLICATION PROCEDURE

1. All applicants must obtain the proper application from the City Office. Physically disabled or infirmed applicants may call the City Office to make necessary arrangements for assistance. Applications will be accepted after January 1, through the day prior to the last day of the Board of Review.
2. Applicants will not be eligible for consideration if the income as reported on their income tax forms is greater than the Federal poverty income standards.
3. **All applicants must be the property owners and reside therein.**
 - A. **Must produce a driver's license or other acceptable method of identification, if requested by the Board of Review.**
 - B. **Must produce a deed, land contract or other evidence of ownership if requested by the Board of Review.**
4. All applicants must fill out application form in its entirety and return it, in person, to this office, except as noted in item 1 above.
5. **All applicants must submit last year's copies of the following for all persons residing in the homestead:**
 - ___ Federal Income Tax Return – 1040 or 1040A.
 - ___ If applicant did not file Michigan State Income Tax Return they MUST provide statement of benefits paid from the Social Security Administration or Michigan Department of Social Services.
 - ___ Three months of all bank statements.
 - ___ Either Senior Citizens Homestead Property Tax Form MI- 1040CR-1 or General Homestead Property Tax Claim MI-1040CR-4.
 - ___ Statement from Social Security Administration and/or the Michigan Social Services as to monies paid to applicants during the previous year.
 - ___ The applicant must supply a copy of current driver's license or other form of identification.

_____ The applicant must provide a deed, land contract, or other evidence of ownership if Board requests it.

6. Applications may be filed with this office beginning January 1, but in no event no later than the day prior to the last day of the Board of Review.

Petition # _____

Sidwell # _____

2015 POVERTY EXEMPTION APPLICATION

PETITIONER INFORMATION

Name: _____

Age: _____

Property Address: _____

Homestead %: _____

Daytime Phone Number: _____

Marital Status

- Married
- Divorced
- Widowed
- Separated
- Single

Employment Status

- Employed Full-time
- Employed Part-time
- Retired
- Unemployed

GENERAL INFORMATION

1. Monthly House Payment: _____ Taxes included? Yes No

2. Number of years remaining on the mortgage/land contract: _____

3. Are your property taxes paid? Yes No

4. Did you apply for a poverty exemption last year? Yes No If Yes, how many years have you received a poverty exemption: _____

5. Do you have an ownership interest in any other real estate?

Yes No Location: _____

6. Have any improvements, changes or additions been made to the property in the last two years?

Yes No If yes, explains: _____

7. Does anyone contribute to your support? Yes – Amount \$ _____ No
Explain: _____

INCOME/EXPENSE INFORMATION

Please list all sources of your personal income. Please indicate the amount from each source on an annual basis.

Employment	
Pension	
Social Security/SSI	
Rental Income	
Unemployment/Workers Compensation	
Capital Gains/Losses	
General Assistance	
ADC	
Interest (Taxable and Non-Taxable)	
Dividends	
Child Support	
Other Income (Food Stamps, etc.)	
TOTAL INCOME	

What was the total income from all sources of everyone living in your household for the past two years?

Last year: _____ Prior year: _____

Any major expenses?

Medical Premiums: _____

Out-of-Pocket Medical: _____

Other Expenses: _____

RESIDENT STATUS

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

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed as Dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

ASSET INFORMATION

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

Cash \$ _____

Saving Accounts/Certificates & Money Markets	\$ _____
Checking Accounts	\$ _____
Stocks/Bonds/Treasury Bills	\$ _____
Other	\$ _____
Investments	\$ _____
IRS/Keogh Annuities/Deferred Compensation	\$ _____
Personal property held as investment (i.e., gems, jewelry, coin collections, etc.)	\$ _____
TOTAL ASSETS	\$ _____

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

Make	#1	#2	#3
Model			
Year			
Value			
Balance Owed			

LOAN DEBT

Do you have other loans or land contracts outstanding? (Attach additional sheet if necessary)

To Whom	
Address	
Monthly Payment	
Current Balance	

To Whom	
Address	
Monthly Payment	
Current Balance	

2014 FEDERAL POVERTY GUIDELINES

US Department of Health & Human Services

STC Bulletin 14 of 2013

Size of Family Unit	Poverty Guidelines
1	\$11,490
2	\$15,510
3	\$19,530
4	\$23,550
5	\$27,570
6	\$31,590
7	\$35,610
8	\$39,630
For each additional person	\$4,020

OAKLAND COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

2014 INCOME LIMITS ESTABLISHED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (Effective 12/18/13)

PERSONS PER HOUSEHOLD	EXTREMELY LOW INCOME (30%)	VERY LOW INCOME (50%)	LOW INCOME (80%)
1	13,600	22,650	36,200
2	15,550	25,850	41,400
3	17,500	29,100	46,550
4	19,400	32,300	51,700
5	21,000	34,900	55,850
6	22,550	37,500	60,000
7	24,100	40,100	64,150
8	25,650	42,650	68,250

ASSET SUMMARY WORKSHEET

DATE:

APPLICANT NAME:

OF RESIDENTS AT THE ADDRESS:

PARCEL NUMBER:

MONTHLY EXPENSES:

House Payment(s)	
House Insurance	
Second Mortgage	
Property Taxes	
Special Assessment	
Utility Bills (List Separately)	
Total Vehicle Payment	
Total Vehicle Insurance	
Health Insurance	
Medical Bills	
Prescriptions	
Loan Payments	
Credit Card Payments	
Child Care	
Food/Clothing	
Home Maintenance	
Lawn Care/Snow Removal	
Other	
Other	
Other	
Other	

ANNUAL EXPENSES

INCOME:

Wages, Salary, Tips	
All Interest & Dividends	
Net Rental Income	
Retirement Pension	
Annuity	
IRA Distributions	
Deferred Comp. (457)	
401/403 Plan	
Capital Gains	
Alimony	
Social Security	
Child Support	
Unemployment & TRA	
Worker's Comp.	
ADC & GA Benefits	
Gambling Winnings (<\$300)	
Cash Gifts (<\$300)	
Insurance Payments	
Other	
Other	
Other	
Other	

ANNUAL INCOME

ASSETS:

Cash & Checking	
Savings & CD's	
Bonds, Stocks	
Insurance Policy	
IRA, Annuity, Keogh, etc	
Mutual Funds	
401/403 Plan	
Deferred Comp. (457)	
*Equity in Primary Residence	
Buildings Other Than Residence	
Car 1	
Car 2	
Recreational Vehicles	
Personal Property (Art, Antiques)	
\$ Received From Sale of Property	
Inheritance	
Medicare/Medicaid/Food Stamps	
Other	
Other	
Other	
Other	

TOTAL ASSETS
 - ASSET ALLOWANCE
 NET ASSETS

FEDERAL INCOME LIMIT

ASSET VALUE LIMIT

*Equity above ___% of house True Cash Value

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.

I, _____, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence: _____

Signature of Person Making Affidavit

Date