

Richfield Township, Roscommon County, Michigan

Property Tax Relief / Poverty Exemption 2009

For taxpayers who may be experiencing difficulty in paying their property taxes at this time, there may be help. Under the Richfield Township Property Tax Poverty Exemption Policy and Guidelines, you can receive partial relief from the Board of Review.

The General Property Tax Act, 211.7u, describes the poverty exemption as; the homestead of persons who, in the judgment of the supervisor and board of review, by reason of poverty, are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation under this act.

To qualify, you must first file an exemption application in its entirety and provide income and income tax information for all persons living in the home. A poverty exemption can only be considered on a person's principal residence (homestead). Since this exemption is only granted for one year, you must file annually.

To be considered for this exemption, you must;

- a.) have an income less than or equal to the Federal Guidelines for the Poverty Income Level**
- b.) **or** meet the income threshold guidelines (maximum income) adopted by the Township Board. The income threshold as adopted is that all household income cannot exceed 30% of the median family income (MFI) for Roscommon County as published by the United States Department of Housing and Urban Development (HUD). The Supervisor and the Board of Review shall use the most recently available guidelines. These income thresholds will be used as long as they are higher than the Federal Poverty Guidelines as determined annually by the United States Office of Management and Budget.***
- c.) You must also satisfy the Asset Test as established in this policy and guidelines. Some of the documents required are State and Federal Income Tax Returns, Income and Expense Statements along with other documentation that supports the statements, proof of ownership and homestead, Michigan driver's license or proper identification and any other data requested to support the claim.

Income Test

2009 Federal Income Standards Poverty Threshold

Number of Persons Residing in Homestead	Annual Allowable Income
1 Person	\$10,400
2 Persons	\$14,000
3 Persons	\$17,600
4 Persons	\$21,200
5 Persons	\$24,800
6 Persons	\$28,400
7 Persons	\$32,000
8 Persons	\$35,600
Each Additional Person, Add	\$3,600

**Income of students under the age of 18 years, shall not be included as income

*** FY 2008 Median Family Income Documentation from HUD for Roscommon County was \$41,558.56

Poverty Exemption Policy & Guidelines

The Supervisor and the Board of Review will apply the guidelines as adopted by the Township uniformly to all applicants, without prejudice, and shall not deviate from the adopted guidelines without substantial and compelling reasons. Any such deviation shall be communicated in writing to the applicant. (211.7u).

The Assessor's office will determine the estimated property tax liability for the applicable tax year and the estimated State homestead credit for each applicant. The exemption shall not exceed the tax liability minus the homestead credit refund. (Example: if the tax liability is \$1000. and the homestead credit is \$300. the exemption shall not exceed \$700.) The Township Assessor will assist applicant in completing and submitting State of Michigan Form 1040CR (homestead exemption), short of giving tax advice. Should the State deny or lessen our estimated homestead credit, we will adjust our exemption accordingly.

The Board of Review shall follow the policy and guidelines of the local assessing unit in granting or denying an exemption under this section unless the board of review determines there are substantial and compelling reasons why there should be a deviation from the policy and guidelines and the substantial and compelling reasons are communicated in writing to the claimant [211.7u. (5)].

Guidelines

The applicant shall:

Be the owner and occupant of the homestead property for which an exemption is applied (211.7u).

File a claim (application) on the form provided by the Township Assessor's office. The filing of a claim constitutes an appearance before the Board of Review for the purpose of preserving the claimant's right to appeal (211.7u). The application form shall be fully completed.

Sign the application at the Assessor's office when the application is returned. If the applicant cannot personally return the application, a mailed notarized application is acceptable.

Supply a copy of federal and state income tax returns for all persons residing in the homestead, including any property tax credit returns, filed in the immediately preceding or in the current year (211.7u); along with a detailed list of all other household income, for each member of the household (see attached form). However, the Board of Review recognizes that recipients of public assistance whose sole source of income is from the State of Michigan, may not have a federal and/or State income tax form because the recipient will not be required to file an income tax return.

Supply a copy of proof of income for the most recent one-month period for all household members (current pay stubs, benefit statement, etc.)

Supply identification, proof of residency and ownership if requested by the Supervisor or Board of Review (211.7u).

If the applicant fails to supply the required documents or if it is found that the information supplied is fraudulent, the application may be denied.

Asset Test

Of the different types of Valuations, The True Cash Value of the property for which the poverty exemption is requested shall be a consideration by the Board of Review when determining eligibility.

Assets include, but are not limited to, real estate other than principal residence, motor vehicles, recreational vehicles and equipment, certificates of deposits, savings accounts, checking accounts, stocks, bonds, life insurance, retirement funds, etc. For purposes of this paragraph, the Board of Review shall consider the value of the assets and shall or shall not, at their sole option, reduce such value by any indebtedness owed on such assets, or indebtedness otherwise owed by the applicants. Either way, said indebtedness must be reported.

Assets, (except the original homestead, essential household goods and the first \$10,000 of the market value of a motor vehicle), shall not exceed \$8,000. (eight thousand) dollars for individual applicant and/or \$14,000 (fourteen thousand) dollars per household.

POVERTY EXEMPTION APPLICATION

Handicapped or the infirm applicants may call the Assessor's Office to make necessary arrangements for assistance

I, _____, being the owner and resident of the property listed below, desire to apply for tax relief under Section 7u of the Michigan General Property Tax Act. (The real and personal property of persons, who, in the judgment of the Supervisor and/or the Board of Review, by reason of poverty, are unable to contribute toward the public charges, are exempt from taxation under this Act.)

Property Description

Parcel Number: 72-010-_____

Name: _____

Phone No.: _____

Address: _____

Age of Applicant(s): _____ / _____

Did you apply for a Homestead Property Tax Credit? Yes___ No___ How much was it? \$ _____

Employer: _____

List all income from salaries, social security, rents, pension, unemployment compensation, disability, government pensions, dividends, workmen's compensation, lawsuits, alimony, child support, land contract, interest income, or any other source, on the attached worksheet

List the values and all sources of income, for each person residing in the homestead on the blank work sheet attached.

Additional Income Information

Department of Human Services, (formerly FIA), List all income from utility bill assistance, housing allowance, monetary benefits, home repairs, or other sources of assistance. These amounts must be disclosed but may be excluded for the tabulation of total assets or income at the Board of Review's option.

TOTAL YEARLY AMOUNT FROM THESE SOURCES _____

Source of Assets

Bank Accounts, Savings & other liquid assets: List all bank accounts owned by you or your spouse. Also, list all savings Certificates, cash in deposit box, on hand, or deposit in credit unions. List all stocks, bonds.

Source

Value

Source	Value
_____	_____
_____	_____
_____	_____

Motor vehicles in household: 1. _____ Value _____
2. _____
3. _____

List all persons living with you. Use additional sheets if necessary.

Name/ Age/ Relationship _____
Are they working? Yes ____ No ____
How much money do they earn yearly? _____ Employer _____

Name/ Age/ Relationship _____ Employer _____
Are they working? Yes ____ No ____
How much money do they earn yearly? _____

Asset Listing

List all other assets owned or controlled by you and their value. For example; boats, pontoons, ATV, recreational vehicles, heavy machinery, jewelry, coin collection, antiques, precious metals etc. Description of Asset, and Value. You may list and attach separate sheet if needed.

Assets	Value
_____	_____
_____	_____
_____	_____
_____	_____

DEBTS

Personal Debts: _____ What do you owe? _____

Other Debts: List all other monthly obligations. _____

Is there any further information you wish to add?

Hardship other than poverty:

Are you or any member in your household experiencing extreme hardship such as but not limited to physical injury, job loss, and extreme medical expenses requiring depletion of income and/or assets?
Yes ____ No ____

If yes, please write narrative explaining. Please attach all financial records to substantiate proof of hardship you are claiming.

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.

DO NOT SIGN UNTIL WITNESSED BY TOWNSHIP NOTARY PUBLIC OR TOWNSHIP SUPERVISOR.

STATE OF MICHIGAN

COUNTY OF _____

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income, or property other than that mentioned herein.

Petitioner's Signature

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

Assessing Officer or Member, Board of Review or Notary Public

FOR BOARD OF REVIEW USE ONLY

Disposition by Board of Review Date: _____

Reduce to \$ _____ or % of reduction _____

Denied _____

Board of Review

Richfield Township Supervisor

