

2015 POVERTY EXEMPTION POLICY & GUIDELINES

The following ***policy and guidelines***, adopted by the City Council, shall be followed by the Wyoming Board of Review when considering ***poverty exemptions***:

1. **Total Assets**, other than a vehicle, personal property and the homestead being claimed, total assets may not exceed:
 - a. Claimant\$ 2,500.00
 - b. Household\$ 5,000.00

2. **Total Annual Income** shall not exceed the following amounts according to household size:

a. One person, the owner:	\$14,600
b. two persons:	\$15,900
c. three persons:	\$19,790
d. four persons:	\$23,850
e. five persons:	\$27,910
f. six persons:	\$31,970
g. seven persons:	\$36,030
h. eight persons:	\$40,090
For each additional person, add	\$4,060

3. Income limits reflect changes in "Poverty Guidelines" published annually by the State Tax Commission, STC. The dollar amounts, above, are based on the most recent STC Bulletin, No. 14 of 2014, to be used with 2015 assessments.

4. Medical and extraordinary hardship situations may be used to qualify applicants who do not otherwise meet the above income and asset tests.

5. The Board of Review shall follow the above policy and guidelines when making poverty exemption decisions. The same standards shall apply to each claimant in Wyoming for the assessment year "unless the Board of Review determines there are substantial & compelling reasons why there should be a deviation from the policy and guidelines and the substantial & compelling reasons are communicated in writing to the claimant."

6. Applicants, except as stated above, shall satisfy all requirements of Public Act 390 of Michigan Public Acts of 1994 (Principle Residence Exemptions) and State Tax Commission bulletin No. 5 of 1995. Both PA 390 and Bulletin No. 5 are adopted as part of this Policy.

The following items are defined as **INCOME** and **must be included with the application:**

1. Money wages and salaries before deductions.
2. Net receipts from self-employment. (These are receipts from a person's own business, professional enterprise, or partnership, after deductions for business expenses.)
3. Net receipts from farm self-employment. (These are receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses.)
4. Regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers compensation, veterans payments, public assistance (including Aid to Families with Dependent Children, Supplemental Security income, Emergency Assistance or General Relief money payments.)
5. Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household.
6. Private pensions, IRA's, government employee pensions (including military retirement pay), and regular insurance and annuity payments.
7. College or university scholarships, grants, fellowships, and assistantships.
8. Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

2015 POVERTY EXEMPTION APPLICATION

I, _____, Petitioner, being the owner and residing at the property that is listed below as my principal residence, apply for property tax relief under MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893. The principal residence of persons who, in the judgment of the township supervisor or city assessor 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 per MCL 211.7u(1).

In order to be considered complete, this application must: 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.

PERSONAL INFORMATION: Petitioner must list all required personal information.

Property Address of Principal Residence:	Daytime Phone Number:	
Age of Petitioner:	Marital Status:	Age of Spouse:
Number of Legal Dependents:	Age of Dependents:	
Applied for Homestead Property Tax Credit (yes or no):	Amount of Homestead Property Tax Credit:	

REAL ESTATE INFORMATION: List the real estate information related to your principal residence. Be prepared to provide a deed, land contract or other evidence of ownership of the property at the BOR meeting.

Property Parcel Code Number:	Name of Mortgage Company:	
Unpaid Balance Owed on Principal Residence:	Monthly Payment:	Length of Time at This Residence:
Property Description:		

ADDITIONAL PROPERTY INFORMATION: List information related to any other property you, or any household member owns.

Do you own, or are buying, other property (yes or no)? If yes, complete the information below.	Amount of Income Earned from Other Property:		
Property Address	Name of Owner(s)	Assessed Value	Amount & Date of Last Taxes Paid
		\$	
		\$	

EMPLOYMENT INFORMATION: List your current employment information.

Name of Employer:	Name of Contact Person:
Address of Employer:	Employer Phone Number:

List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRA's (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income.

Source of Income	Monthly or Annual Income (indicate which)

CHECKING, SAVINGS AND INVESTMENT INFORMATION: List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments.

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment

LIFE INSURANCE: List all policies held by all household members.

Name of Insured	Amount of Policy	Monthly Payment	Policy Paid in Full	Name of Beneficiary	Relationship to Insured

MOTOR VEHICLE INFORMATION: All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.

Make	Year	Monthly Payment	Balance Owed

LIST ALL PERSONS LIVING IN HOUSEHOLD: All persons residing in the residence must be listed.

First & Last Name	Age	Relationship to Applicant	Place of Employment	Amount of Monetary Contribution to Family Income

PERSONAL DEBT: All personal debt for all household members must be listed.

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

MONTHLY EXPENSE INFORMATION: The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.

Heating:	Electric:	Water:
Phone:	Cable:	Food:
Clothing:	Heath Insurance:	Garbage:
Daycare:	Car Expense (gas, repair, etc):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):

MEDICAL OR OTHER EXTRAORDINARY SITUATIONS

Use the space below to explain the nature of any special hardships.

Provide dollar amounts of any unusual expenses resulting from these special situations. (Attach copies of bills.) Good documentation could result in a claim being approved in spite of otherwise non-qualifying income and asset amounts.

VII. OTHER COMMENTS

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Total Costs: \$ _____

Less Reimbursements: \$ _____
(i.e. insurance, medicare,
or Medicaid)

Net Cost of
Unusual Circumstance \$ _____

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.

Notice: 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.

Petitioners: *Do not sign this application until witnessed by the Supervisor, Assessor, Board of Review or Notary Public.* (Must be signed by either the Supervisor, Assessor, Board of Review Member or Notary Public)

STATE OF MICHIGAN
COUNTY OF KENT

I, the undersigned Petitioner, hereby declare that the foregoing information is complete and true and that neither I, nor any household member residing within the principal residency, have money, income or property other than mentioned herein.

Petitioner Signature

Date

Subscribed and sworn this _____ day of _____, 2015

Assessor

Signature:
