**Ada Township Poverty Exemption Application**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the 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 the 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. 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 |
|  |  | $ |  |
|  |  | $ |  |

**INCOME**

**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 judgements 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) | Total Annual |
| Salary |  | $ |
| Salary |  | $ |
| Social Security |  | $ |
| Rental Income |  | $ |
| Unemployment |  | $ |
| Disability |  | $ |
| Workers Compensation |  | $ |
| Reverse Mortgage |  | $ |
| Alimony/Child Support |  | $ |
| Friend or Family Contribution |  | $ |
| Government Pensions/IRAs |  | $ |
| Non-Cash Benefits: Food Stamps, Medicare, Medicaid |  | $ |
| Claims from Lawsuits |  | $ |
| **Total Income $** | | |

**ASSETS**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asset | Amount | Current Interest Rate | Name on Account | Net Value |
| Cash | $ |  |  | $ |
| Savings Account(s) | $ |  |  | $ |
| Checking Account | $ |  |  | $ |
| Stocks & Bonds | $ |  |  | $ |
| Insurance/Certificates | $ |  |  | $ |
| Dividends | $ |  |  | $ |
| **Total Value** |  |  |  | $ |

**VALUE OF OTHER ASSETS:**

|  |  |
| --- | --- |
| Jewelry | $ |
| Antiques | $ |
| Artwork | $ |
| Equipment | $ |
| Money Received from Sale of Property | $ |
| Gifts/Loans/ Lump-Sum Inheritances | $ |
| **Total Value** | $ |

**MOTOR VEHICLE INFORMATION:** List **ALL** motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the home.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Make | Year | Monthly Payment/Paid in Full | Balance Owed | Blue Book Value |
| Auto |  |  |  | $ |
| Auto |  |  |  | $ |
| Campers/Motorhome |  |  |  | $ |
| Boat/ATV |  |  |  | $ |
| **Total Value** |  |  |  | $ |

**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 |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
| $ Total |

**DEBT**

**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: | Health Insurance: | Garbage: |
| Daycare: | Car Expense (gas, repair, etc): | Medical: |
| 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): |

**Notice: Any willful misstatements or misrepresentations made on this form may constitute perjury, which, under law, is a felony punishable by fine or imprisonment.**

**Notice: Per MCL 211.7u(2b), a copy of all household members federal income tax return, 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

Assessor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BOR Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application shall be filed after January 1, but before the day prior to the last day of March, July or December Board of Review to the address below.

Board of Review

c/o Supervisor or Assessor

Ada Township

7330 Thornapple River Dr, P.O. Box 370

Ada, MI 49301

**DECISIONS OF THE MARCH BOARD OF REVIEW MAY BE APPEALED IN WRITING TO THE MICHIGAN TAX TRIBUNAL BY JULY 31 OF THE CURRENT YEAR. JULY OR DECEMBER BOARD OF REVIEW DENIALS MAY BE APPEALED TO THE MICHIGAN TAX TRIBUNAL WITHIN 30 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE FILING**.

MICHIGAN TAX TRIBUNAL

PO Box 30232

Lansing, MI 48909

Phone: 517-373-3003

Fax: 517-373-1633

E-Mail: [taxtrib@michigan.gov](mailto:taxtrib@michigan.gov)

**Ada Township**

**7330 Thornapple River Dr.**

**Ada, MI 49301**

**Required Documents**

Hardship Exemption applicants shall submit **COPIES** of the documents listed below in order to be considered for eligibility. Please attach these **COPIES** to your application.

1. Federal Income Tax Return – 1040, 1040a, OR 1040 EZ
2. Michigan Income Tax Return – MI 1040, MI-1040A, MI 1040 EZ
3. Senior Citizens Homestead Property Tax Form MI1040DR-1
4. General Homestead Property Tax Claim MI-1040-4
5. Bank Statements for all accounts for the prior three (3) months
6. Treasury Form 4988 (Affidavit) for all persons residing in the house who were not required to file Federal or State income tax returns in the current or immediately preceding year
7. Employer’s Name **and** address
8. State of Michigan Drivers’ License
9. **Evidence of income of ALL Persons Living in the Home:**

* ADC Budget Letter
* Pension Benefits
* Social Security Statement
* Alimony
* Child Support
* FIP
* DHS
* Disability
* Workers’ Compensation
* Other Income
* W-2 (Wages under $5,000)

**The attached application must be filled out carefully and completely. All information supplied will be kept confidential. All asset information, as requested in the Application for Property Tax Exemption MUST be completed in total. Failure to complete the application and provide supporting documentation may result in a denial of the hardship exemption. The Board of Review may request additional information and verification of assets if they determine it to be necessary.**

**2018 POVERTY EXEMPTION QUALIFICATIONS**

*● Disposable assets more than $20,000 but less than $35,000*

|  |  |  |
| --- | --- | --- |
| **Size of Family Unit** | **Federal Guidelines** | **Township Guideline** |
| 1 Person | $12,060 | $18,090 |
| 2 Persons | $16,240 | $24,360 |
| 3 Persons | $20,420 | $30,630 |
| 4 Persons | $24,600 | $36,900 |
| 5 Persons | $28,780 | $43,170 |
| 6 Persons | $32,960 | $49,440 |
| 7 Persons | $37,140 | $55,710 |
| 8 Persons | $41,320 | $61,980 |
| For Each Additional Person | $4,180 | $6,270 |

*● Disposable assets less than $20,000*

|  |  |  |
| --- | --- | --- |
| **Size of Family Unit** | **Federal Guidelines** | **Township Guideline** |
| 1 Person | $12,060 | $21,105 |
| 2 Persons | $16,240 | $28,420 |
| 3 Persons | $20,420 | $35,735 |
| 4 Persons | $24,600 | $43,050 |
| 5 Persons | $28,780 | $50,365 |
| 6 Persons | $32,960 | $57,680 |
| 7 Persons | $37,140 | $64,995 |
| 8 Persons | $41,320 | $72,310 |
| For Each Additional Person | $4,180 | $7,315 |