

Federal Poverty Guidelines Used in the Determination of Poverty Exemptions for 2018

MCL 211,7u, which deals with poverty exemptions, was significantly altered by PA 390 of 1994 and was further amended by PA 620 of 2002. Local governing bodies are required to adopt guidelines that set income levels for the their poverty exemption guidelines and those income levels shall not be set lower by a city or township than the federal poverty guidelines updated annually by the U. S. Department of Health and Human Services. This means, for example, that the income level for a household of 3 persons shall not be set lower than \$20,420 which is the amount shown on the following chart for a family of 3 persons. The income level for a family of 3 persons may be set higher than \$20,420. Following are the federal poverty guidelines for the use in setting poverty exemption guidelines for 2018 assessments.

The following are the federal poverty income standards that the United States Office of Management and Budget recommend that federal departments and agencies use. Victor Township has adopted these Income Levels for the basis of granting "Poverty Exemptions." These amounts are adjusted annually.

To be eligible for a poverty exemption in Victor Township for 2018 your income MAY NOT exceed these guidelines. If your income exceeds the levels listed below, you do not qualify for a Poverty Exemption:

1 person.....	\$ 12,060
2 persons.....	\$ 16,240
3 persons.....	\$ 20,420
4 persons.....	\$ 24,600
5 persons.....	\$ 28,780
6 persons.....	\$ 32,960
7 persons.....	\$ 37,140
8 persons.....	\$ 41,320
For Each Additional Person add.....	\$ 4,180

Note: PA 390 of 1994 states that the poverty exemption guidelines established by the local assessing unit shall also include an asset level test. An asset test means the amount of cash, fixed assets or other property that could be used, or converted to cash for the use in the payment of property taxes. The asset test should calculate a maximum amount permitted and all other assets above that amount should be considered as available. Please see STC Bulletin 24 of 2017 for more information on poverty exemptions.

Note: PA 135 of 2012 changed the requirements for filing documentation in support of a poverty exemption to allow an affidavit (Treasury Form 4988) to be filed for all persons residing in the residence who were not required to file federal or state income tax returns in the current year or in the immediately preceding year. This does include the owner of the property who is filing for the exemption.

POVERTY EXEMPTION APPLICATION

I/We, _____, being the owner(s) and resident(s) of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act.

Property Code Number _____

Property Address: _____ Phone () _____

Marital Status: _____

Age of Applicant: _____ Age of Spouse: _____

Number of Dependents: _____ Age of Dependents: (1.) _____ (2.) _____
 (3.) _____ (4.) _____
 (5.) _____ (6.) _____
 (7.) _____ (8.) _____

Have you applied for Homestead Property Tax Credit this Year? _____

How much was your Property Tax Credit? _____

ATTACH A COPY OF 1040 CR AND FEDERAL OR STATE INCOME TAX RETURN, IF FILED FOR THE CURRENT YEAR.

REAL ESTATE: Is home paid for? _____ Unpaid balance: _____

Name of Mortgage Co. _____ Monthly Payment: _____

How long have you lived at this residence? _____

Do you own, or are you buying any other property? _____

If so, list below:

Property Address	Name of Owner	Assessed Value	Amount and Date of Last Taxed Paid

Income earned from above property \$ _____

Name of Employer: _____

Address: _____

Phone No. () _____

Name of Spouse's Employer: _____

Address: _____

Phone No. () _____

List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, workers' compensation, dividends, claims and judgments from lawsuits, alimony, child support and any other source.

Source of Income	Monthly or Annual Income

SAVINGS AND INVESTMENTS: List all savings owned by you or your spouse, including 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	Name on Account	Value of Investment

LIFE INSURANCE: List all policies held by you and your spouse.

Insured	Amount of Policy	Amt. Paid Monthly	Paid Up Policy	Name of Beneficiary	Relationship to Insured

MOTOR VEHICLES IN HOUSEHOLD:

Make	Year	Monthly Payment	Balance Owed

LIST ALL PERSONS LIVING IN HOUSEHOLD (Attach additional sheets if necessary)

Last Name	First Name	Age	Relationship to Claimant	Place of Employment	Contribution to Family Income

PERSONAL DEBTS (Attach additional sheets if necessary)

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

MONTHLY EXPENSES:

UTILITIES _____ FOOD _____ PHONE _____

CLOTHING _____ HEAT _____ CAR EXPENSES _____

OTHER (Specify) _____

OTHER ASSETS: List all other assets and their value that are owned or controlled by you.

Type of Asset	Value	Owner

REASON FOR REQUESTING EXEMPTION: _____

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.

NOTE: Do not sign until witnessed by the Supervisor, Assessor, Chair of the Board of Review or Notary Public.

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 mentioned herein.

Petitioner
Subscribed and sworn this _____ day of _____, 2017

Assessor, Supervisor, Board of Review Member or Notary Public

His Application must be received (not postmarked) no later than March 16, 2018 at 4:00 P.M.: