

INSTRUCTIONS FOR POVERTY EXEMPTION
City of Lansing

The Application for One Year Poverty Exemption is in keeping with the requirements of the State of Michigan with regard to poverty exemptions. **Please read these instructions carefully.** To be considered for a poverty exemption, the following information must be provided.

1. **COMPLETE ALL SECTIONS OF THIS APPLICATION.**
2. Submit a completed and signed copy of the following:
 - 2006 Michigan Homestead Property Tax Credit Claim (MI 1040 CR).
 - 2006 Federal income Tax Return (1040), if you are required to file federal income tax.
 - 2006 Federal Income Tax Return (1040) for all other occupants of your home.
 - Income verification
 - Copy of driver license
 - Copy of deed
3. If an occupant of your home is not employed but has income from another source, you must show the income on your application.
4. The application must be legible. If you need to provide additional information, please attach a separate sheet do not write in the margins of the application.
5. Do not submit originals of supporting documentation as we must keep these for our records and cannot return them.
6. If the application is incomplete or you do not include copies of the required financial documents, it may be considered ineligible for a poverty exemption.

RETURN THE APPLICATION AND REQUIRED DOCUMENTATION AS SOON AS POSSIBLE TO ALLOW TIME FOR IT TO BE REVIEWED BEFORE IT IS SUBMITTED TO THE 2007 MARCH BOARD OF REVIEW WHICH IS IN SESSION MARCH 12 THROUGH MARCH 16.

Filing of this form is necessary to determine if you qualify for a Homestead Hardship exemption. The following questions are necessary in order to determine poverty status and asset status. You are required to answer each question. If you do not answer each question, sufficient information will not be available to grant an exemption.

**CITY OF LANSING
HOMESTEAD POVERTY APPLICATION**

I _____, the owner and occupant of the property listed below, am applying for tax relief under MCL 211.7u of the General Property Tax Act, which states that the homestead of persons who, in the judgment of the Assessor and the Board of Review, by reason of poverty, are unable to contribute to the public charges is eligible for exemption in whole or part from taxation under Public Act 390, 1994.

Parcel Number: _____

Property Address: _____

1. Attached federal and state income tax return for all persons residing in the homestead, including any property tax credit returns filed in the immediately preceding year or in the current year. YES or NO
2. Attached copy of valid drivers license. YES or NO
3. Attached copy of deed, land contract, or other evidence of ownership of the property for which the exemption is requested. YES or NO
4. Do you meet the federal poverty income standards as defined and determined annually by the United States Office of Management and Budget. YES or NO

(See attachment A)

5. State Equalized Value of property for which the exemption is requested is _____. The average true cash value of all homestead properties in the city, based on the previous year's values is **103,468(TCV) and 51,734 (AV)**.
6. Phone () _____
7. Marital Status: _____
8. Age of Applicant: _____
Age of Spouse: _____
9. Number of Dependents _____
Age of Dependents _____
10. Have you applied for a Principal Residence Exemption from some school operating expense (18 mills). YES or NO
11. Have you applied for Homestead Property Tax Credit this Year? YES or NO
12. How much was your Property Tax Credit? _____
13. Real Estate: Is home paid for _____ Unpaid balance _____
Name of Mortgage Company _____
Monthly Payment _____
14. How long have you lived at this residence? _____
15. Do you own, or are you buying other property? _____
If so, list below:

| PROPERTY ADDRESS | NAME OF OWNER | ASSESSED VALUE | AMOUNT & DATE OF LAST TAXES PAID |
|------------------|---------------|----------------|----------------------------------|
| | | | |
| | | | |
| | | | |

16. Income earned from above property _____
17. Name of Employer _____
Address _____
Phone: () _____
18. If unemployed, state reason: _____

19. List all household income including government pensions, claims, judgments from lawsuits, and any other source. Be sure to include both spouses' income. If your household income is more than the Federal Poverty Income Standards (attachment A), you are not eligible for a credit.

| SOURCE OF INCOME | ANNUAL INCOME |
|---|---------------|
| Wages, salaries tips, sick, strike and sub pay, etc. | |
| All interest and dividend income (including non-taxable interest). | |
| Net rent, business or royalty income. | |
| Retirement pension and annuity benefits. Name of payer: | |
| Net farm income. | |
| Capital gains less capital losses. | |
| Alimony and other taxable income. Describe: | |
| Social Security, SSI or railroad retirement benefits. | |
| Child support. | |
| Unemployment comp. and TRA benefits. | |
| Other non-taxable income. Describe: | |
| Workers' comp., veterans' disability compensation and pension benefits. | |
| ADC and other DSS benefits. | |
| TOTAL INCOME | |

20. 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 |
|--|-------------------|-----------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

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

| INSURED | AMOUNT OF POLICY | AMOUNT PAID MONTHLY | PAID UP POLICY | NAME OF BENEFICIARY | RELATIONSHIP TO INSURED |
|---------|------------------|---------------------|----------------|---------------------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

22. MOTOR VEHICLES IN HOUSEHOLD:

| MAKE | YEAR | MONTHLY PAYMENT | BALANCE OWED |
|------|------|-----------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

23. LIST ALL PERSONS LIVING IN HOUSEHOLD:

| LAST NAME | FIRST NAME | AGE | RELATIONSHIP TO CLAIMANT | PLACE OF EMPLOYMENT | CONTRIBUTION TO FAMILY INCOME |
|-----------|------------|-----|--------------------------|---------------------|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

24. PERSONAL DEBTS:

| CREDITOR | PURPOSE OF DEBT | DATE OF DEBT | ORIGINAL BALANCE | MONTHLY PAYMENT | BALANCE OWED |
|----------|-----------------|--------------|------------------|-----------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

25. MONTHLY EXPENSES:

UTILITIES _____ FOOD _____ PHONE _____

CLOTHING _____ HEAT _____ CAR EXPENSE _____

OTHER (Specify): _____

26. OTHER ASSETS: List all other assets and their values that are owned or controlled by you. (For example, boats, coin collection, antiques, silver).

| 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.

NOTICE: A copy of your latest federal income tax return, state income tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1,2,3 or 4) must be attached as proof of income.

NOTE: Do not sign until witnessed by the Assessor or the Assessor's representative or the Board of Review Member:

_____.

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 mentioned herein.

Petitioner

Subscribed and sworn this _____ day of _____, 20____.

Assessor, or Assessor's Representative, or Board of Review Member
=====

This application must be returned no later than the second Monday in March to the Board of Review of_____.

Address: _____

=====

For BOARD OF REVIEW use:
Disposition by Board of Review Date _____

Denied: _____ Approved: _____ Assessment reduced to _____
Chairperson _____ 2nd Member _____ 3rd Member _____

Decisions may be appealed to Michigan Tax Tribunal.

To be completed by Assessing staff.

Hardship Calculation Form

Applicant _____

Parcel Number _____

Property Address _____

Annual Income _____

X 3.5% = _____

Divide by Homestead millage _____ = _____
(Hardship Value)

Staff Notes:

_____ Documentation Complete

_____ Documentation Incomplete

Staff Recommendation

_____ Approved

_____ Denied

Staff

Date

Assessor's Review & Comments

_____ Approved

_____ Denied

Assessor

Date

FEDERAL POVERTY GUIDELINES FOR 2006 ASSESSMENTS

The following are federal poverty guidelines as of 12-31-06 for use in setting poverty exemption guidelines for 2007 assessment.

| Size of Family Unit | Poverty Guidelines |
|---------------------------------|--------------------|
| 1 | \$ 9,800 |
| 2 | \$13,200 |
| 3 | \$16,600 |
| 4 | \$20,000 |
| 5 | \$23,400 |
| 6 | \$26,800 |
| 7 | \$30,200 |
| 8 | \$33,600 |
| For each additional person, add | \$ 3,400 |