

Oxford Township

2024
Poverty/Hardship
Exemption Application

OFFICE USE ONLY

NAME: PARCEL NUMBER:

OXFORD TOWNSHIP

BOARD OF REVIEW

Oxford Township Board Policy for Applicants Requesting Consideration Under SECTION 211.7u of the GENERAL PROPERTY TAX ACT OF 1893: THE MICHIGAN HOMESTEAD POVERTY EXEMPTION.

APPLICATION PROCEDURES AND GUIDELINES

- 1. Applicants must obtain the current application from the Township Treasurer's office or Oakland County Equalization. Physically disabled or infirmed applicants may call the Township Supervisor's office to make necessary arrangements for assistance. A poverty exemption will be considered for the current year only. A new application must be submitted annually after January 1 but before the day prior to the last day of the Board of Review.
- 2. In order to qualify for a poverty exemption, the applicant shall meet **all** of the requirements set forth in these Guidelines. For example, it is possible that a claimant might meet the income test for the exemption but not meet the asset level test or some other test set by the Township. In this situation, the applicant would not qualify for the exemption.
- 3. <u>Income Test:</u> Applicants must meet the Federal Poverty Income Guidelines published in the prior calendar year in the Federal Register by the U.S. Department of Health and Human Services.
 - A. In applying these guidelines, income shall include, but not necessarily be limited to:
 - (i) Money wages and salary before any deductions;
 - (ii) Net receipts from any non-farm self-employment, these are receipts from a person's own business, professional enterprise, or partnership after deductions for business expenses;
 - (iii) Net receipts from farm self-employment, which are receipts from a farm from which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses;
 - (iv) Regular payments from social security, railroad retirements, 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 money payments and non-federally funded general assistance or general relief money payments);
 - (v) Alimony, child support and military family allotments or other regular support from an absent family member or other family member not living in the household;
 - (vi) Private pensions, government employment pensions (including military retirement pay) and regular insurance or annuity payments;
 - (vii) College or university scholarships or grants, fellowships, or assistantships; and
 - (viii) Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, net gambling or lottery winnings.

- B. Income shall not include (though these may be "assets"):
 - (i) Money received from the sale of property such as stocks, bonds, a house, or a car unless a person is in the business of selling such property;
 - (ii) Withdrawals of bank deposits and borrowed money;
 - (iii) Tax refunds, gifts, loans, lump-sum inheritances, and one-time insurance payments;
 - (iv) Food or housing received in lieu of wages and the value of food and fuel produced on farms; and
 - (v) Federal non-cash benefit programs such as Medicare, Medicaid, food stamps and school lunches.
- 4. If the Board of Review determines that the applicant has or should have income from other sources, such as relatives, dependents, or friends; they may add this income to the applicant's reported income, and if the resulting sum of these is greater than the income guideline limits, then a poverty exemption shall be denied. If the amount of this income is added to the applicant's reported income and the resulting sum is less than the income guideline limits, then a poverty exemption may be granted.
- 5. <u>Assets Test</u>: A poverty exemption shall not be granted if the total value of the assets of the applicant and each member of the applicant's household exceed \$60,000. This excludes the property for which the exemption is requested BUT includes all other property assets including those belonging to <u>all</u> other persons residing in the household. Property assets include, but are not limited to:
 - A. Savings including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, mutual funds, or similar investments;
 - B. Insurance commodities including life insurance held by a person or his or her spouse;
 - C. Vehicles, including but not limited to, cars, trucks, RVs, motorcycles, off-road vehicles, snowmobiles, and boats, but excluding the applicant's personal vehicle; and
 - D. Other assets, including but not limited to, coin collections, antiques, silver, jewelry, art, and other tangible items.

6. All applicants must:

- A. own the property for which the exemption is sought and reside therein;
- B. provide the employer's name and address for all persons residing in the household;
- C. provide a driver's license, Michigan State Identification, or other acceptable method of identification for the applicant and all persons residing in the household;
- D. provide a deed, land contract or other evidence of ownership if the Supervisor or Board of Review requests it; and
- E. provide the assessment change notice for the subject property.

- 7. Applicants MUST submit the most recent year's copies of the following for ALL persons residing in the principal residence:
 - A. Federal Income Tax Return.*
 - B. Michigan Income Tax Return.*
 - C. Property tax credit returns.
 - D. Either a Senior Citizens Homestead Property Tax Form MI-1040CR-1 or General Homestead Property Tax Claim MI-1040CR-4.
 - E. Statement from Social Security Administration and/or the Michigan Social Services as to monies paid to applicants during the previous year, and a signed Form 4988 (attached).
 - F. W-2.
 - G. Pension benefits letter.
 - H. Alimony and/or child support receipts.
 - I. Disability and/or workers compensation benefit receipts.
 - * Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption is claimed or in the immediately preceding tax year. If a person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year, an affidavit in a form prescribed by the state tax commission may be accepted in place of the federal or state income tax return.
- 8. The Board of Review will follow the policies and guidelines stated herein in granting or denying an exemption. If the applicant is qualified under the eligibility requirements, the Board of Review shall grant either a 50% or 25% reduction in taxable value for the tax year in which the exemption is granted.
- 9. Applicants must fill out an application form in its entirety and return it either in person or by mail, if physically unable to appear before the Board of Review, by the deadlines specified herein. The application must be returned to the Township Treasurer's Office, located at 300 Dunlap Road, Oxford, Michigan 48371.

2024 FEDERAL POVERTY GUIDELINES

US Department of Health & Human Services

STC Bulletin 18 of 2023

Size of Family	Poverty
Unit	Guidelines
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560
For each	
additional	
person	\$5,140

Assets: The total value of all assets belonging to the applicant and each member of the applicant's household shall not exceed \$60,000. An applicant's homestead and principal vehicle shall be excluded from consideration as an asset. All other property, including from all other persons residing in the household, shall be included as an asset. Property shall include, but is not limited to, cash, savings, stocks, bonds, mutual funds, insurance commodities, coin collections, art, motor vehicles, recreation vehicles, etc.

Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

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.

Petitioner's Name:				all required personal information. Daytime Phone Number:					
Age of Pe	etitioner:	Marital Status:		Age of Spouse:		Number of Legal Dependents:			
Property 1	Address of Principal Resi	idence:		City:		State:	ZIP Code:		
	eck if applied for Homest	ead Property Tax Cred	it	Amount of Homestead Property Tax Credit:					
	: REAL ESTATE IN						l residence. Be prepare		
Property Parcel Code Number:				Name of Mortgage Company:					
Unpaid Balance Owed on Principal Residence: Monthly P				yment:		this Residence:			
roperty I	Description:								
ART 3:	ADDITIONAL PRO	PERTY INFORMA	ATION: Lis	t information re	lated to any	other property o	wned by you or any me		
PART 3: esiding i		re buying, other pro		1	-		wned by you or any men		
PART 3: esiding i cor	ADDITIONAL PRO	re buying, other pro	operty. If c	<u> </u>	-				
PART 3: esiding i Checor	ADDITIONAL PRO in the household. neck if you own, or an implete the information	re buying, other pro	operty. If c	hecked,	Amount of	Income Earned fro			
PART 3: esiding i Checor	a ADDITIONAL PRO in the household. neck if you own, or an implete the information roperty Address:	re buying, other pro	operty. If c	hecked,	Amount of	Income Earned fro	om Other Property: ZIP Code:		

PART 4: EMPLOYMENT INF Name of Employer:	JIMIAII	OI (. LIST	your curre	.11. C111	proyment		univil.			
Address of Employer:			С	ity:			5	State:	ZIP Co	ode:
Contact Person:	ontact Person:			Employer Telephone Number						
PART 5: INCOME SOURCES (individual retirement accounts), claims and judgments from laws income, for all persons residing at Sou	unemployi uits, alimoi	ment comny, child rty.	pensation	, disa	bility, gov	ernme	nt pensions oution, rever	, workerse mor	r's comp	ensation, dividends any other source of
DADT 6. CHECKING SAVIN	JCS AND	INVEST	TMENT I	NEO	DMATIO	N. Lia	t any and	all gazzi	ngg over	d by all bougabal
PART 6: CHECKING, SAVIN members, including but not limite cash, stocks, bonds, or similar inv	ed to: check	king accor	unts, savin	gs ac	counts, po	stal sav				
Name of Financial Institution or Ir	ame of Financial Institution or Investments An				current erest Rate	Name on A		n Accou	nt	Value of Investment
PART 7: LIFE INSURANCE: 1	List all noli	cies held	by all hou	seholo	d members					
Name of Insured	ART 7: LIFE INSURANCE: List all police Name of Insured Amount of		Month Paymer	nthly Policy I		Paid in Name		me of Beneficiary		Relationship to Insured
PART 8: MOTOR VEHICLE II	NEODMA	TION: A	11 motor v	-hiolo	og (includie	ia moto	provoles mo	otor has	ies comm	per trailers ata \ hal
or owned by any person residing					s (includii	ig mou	orcycles, inc	1	ies, camp	er trailers, etc.) her
Make			Year		Mo	Monthly P			Balai	nce Owed

First and Last Name			Age	Relationship Applicant		Place of I	Employment	\$ Con	tribution to Family Income
PART 10: PERSONAL D	EBT: List a	ll personal	debt for al	l household me	mbers				
Creditor		Purpose of De		Date of Debt		inal Balance	Monthly	Payment	Balance Owed
PART 11: MONTHLY E category must be listed. Ind				e amount of mo	onthly	expenses re	elated to the	principal	residence for each
Heating	Elec	tric	•	Water			Phone		
Cable	Food	1		Clothing	Clothing		Health Insura		
Garbage		Daycar	e			Ca	r Expenses (g	as, repair,	etc.)
Other (type and amount)		Other (type and am	ount)		Otl	her (type and	amount)	
Other (type and amount)			type and am				her (type and		

NOTICE: Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 12: POLICY AND GUIDELINES ACKNOWLEDGMENT:

The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.

	knowledge that the information provided in this form	
the exemption from the property	taxes pursuant to Michigan Compiled Law, Section 2	:11.7u.
Printed Name	Signature	Date

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760

E-mail: taxtrib@michigan.gov

Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

INSTRUCTIONS: When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

I,	•	 Poverty Exemption
Address of Principal Residence:		_
Signature of Person 1	6.1: A CC 1	

REQUIRED DOCUMENTS CHECKLIST

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

- □ CURRENT FEDERAL INCOME TAX RETURN
- CURRENT MICHIGAN INCOME TAX RETURN
- □ GENERAL HOMESTEAD PROPERTY TAX MI-1040CR or SENIOR CITIZEN HOMESTEAD PROPERTY TAX MI-1040CR-1
- □ INCOME FOR ALL PERSONS LIVING IN THE HOME:
 - W-2
 - PENSION BENEFITS LETTER
 - CURRENT YEAR SOCIAL SECURITY STATEMENT (and attached Form 4988 signed)
 - ALIMONY and/or CHILD SUPPORT RECEIPTS
 - DISABILITY & WORKER'S COMPENSATION
 - OTHER INCOME
 - ADC BUDGET LETTER
- □ EMPLOYER'S NAME & ADDRESS
- COPY OF DRIVER'S LICENSE
- □ SIGNED FORM 4988 Poverty Exemption Affidavit (If Income is from Social Security)

Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION — Enter information for	or the person owning ar	nd occupying t	he resid	ence.				
Owner Name		Owner Telephone Number						
Mailing Address	City		State	ZIP Code				
Mailing Address	City		State	ZIP Code				
PART 2: LEGAL DESIGNEE INFORMATION (Complete	if applicable.)		<u></u>					
Legal Designee Name	• •	Daytime Telephor	e Number					
	Lau							
Mailing Address	City		State	ZIP Code				
PART 3: HOMESTEAD PROPERTY INFORMATION — Enter information for property in which the exemption is being claimed.								
City or Township (check the appropriate box and enter name)		County	- OXOMPI					
City Township Village								
Name of Local School District		L						
Parcel Identification Number	Year(s) Exemption Previously	Granted by Board	of Review					
				1				
Homestead Property Address	City		State	ZIP Code				
PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANC	 Y. AND INCOME STAT	US (Check all	boxes t	hat apply)				
	1,7445 114501112 51741	O (Oncor an	BOXOG (nat apply.)				
I own the property in which the exemption is being of	laimed.							
The property in which the exemption is being claime		stead. Homes	tead is g	generally defined				
as any dwelling with its land and buildings where a	amily makes its nome.							
After establishing initial eligibility for the exemption,	mv income and asset s	status has rem	ained u	nchanged and/or				
I receive a fixed income solely from public assistance								
rate of inflation, such as federal Supplemental Secu	rity Income or Social So	ecurity disabi l i	ty or reti	irement benefits.				
DADE - CERTIFICATION								
PART 5: CERTIFICATION								
I hereby certify to the best of my knowledge that the info								
an exemption from property taxes by reason of poverty p	ursuant to Michigan Co	ompiled Law, S	Section 2	211.7u.				
Owner or Legal Designee Name (print) Signature of	f Owner or Legal Designee		Da	ate				
Designee must attach a letter of authority.								
			NIE.					
LOCAL GOVERNMENT USE ONI	Y (DO NOT WRITE BE			I be nected to toy well				
Approved Denied (Attach appeal instructions and	provide to owner.)	lax fear(s) exe	mpuon wii	Il be posted to tax roll				
CERTIFICATION — I certify that, to the best of my known	wledge, the information	contained in	this forn	n is complete and				
accurate.	3 ,							
Assessor Signature		Date Certified by	Assessor					