



January 11, 2024

VIA EMAIL

Amy Burton, Clerk
ABurton@bloomfieldhillsmi.net
City of Bloomfield Hills
45 E. Long Lake Road
Bloomfield Hills, MI 48304

2600 Troy Center Drive
P.O. Box 5025
Troy, MI 48007-5025
Tel: 248-851-9500
Fax: 248-538-1223
248-538-1224
www.secretwardle.com

Re: Proposed Resolution and 2024 Poverty Exemption Policy and Guidelines
Our File No. 8080 C54

DERK W. BECKERLEG
Direct: 248-539-2808
dbeckerleg@secretwardle.com

Dear Amy:

Enclosed please find a proposed Resolution To Establish and Adopt 2024 Poverty Exemption Policy and Guidelines, and proposed 2024 City of Bloomfield Hills Poverty Exemption Policy and Guidelines, which our office has drafted and which you should present to the Bloomfield Hills City Commission for consideration at its meeting of February 13, 2024.

Please note that the attached Resolution and 2024 Poverty Exemption Policy and Guidelines have been drafted to comply with Public Act 253 of 2020 which amended MCL 211.7u. Specifically, Public Act 253 of 2020 provides that the Federal Poverty Guidelines that are to be included in the City's 2024 Poverty Exemption Policy and Guidelines are the Federal Poverty Guidelines that are published in the prior calendar year in the Federal Register and as a result, you will note that the 2024 City of Bloomfield Hills Poverty Exemption Policy and Guidelines utilizes the 2023 Federal Poverty Guidelines. I should note that the 2024 Poverty Exemption Policy and Guidelines should be attached to the enclosed Resolution.

In addition, pursuant to Public Act 253 of 2020, the 2024 Poverty Exemption Policy and Guidelines provide that the Board of Review may only grant poverty exemptions that are equal to 100% reduction in taxable value or partial poverty exemptions that are equal to 25% reduction in taxable value or 50% reduction in taxable value, or any other percentage reduction approved by the Michigan State Tax Commission.

I believe it is important that the City adopt a new policy guideline each and every year and I will diary my calendar for 2025 accordingly.

Should you have any questions or concerns in this regard, please do not hesitate to contact me.

Very truly yours,



Derk W. Beckerleg

DWB:cu
Enclosures

cc via email: David Hendrickson, City Manager
Sandra Barlass, Finance Director/Treasurer
Elizabeth Beauchamp, Oakland County Equalization

8826477

STATE OF MICHIGAN
COUNTY OF OAKLAND
CITY OF BLOOMFIELD HILLS

RESOLUTION TO ESTABLISH AND ADOPT 2024 CITY OF BLOOMFIELD HILLS
POVERTY EXEMPTION POLICY AND GUIDELINES

At the regular meeting of the Bloomfield Hills City Commission, Oakland County, Michigan, held on the 13th day of February 2024, at the City Hall, 45 East Long Lake Road, Bloomfield Hills, Michigan 48304-2322 the following Resolution was offered by Commissioner Buckley and supported by Commissioner McCarthy;

WHEREAS, persons who in the judgment of the Board of Review by reason of poverty, are unable to contribute to the public charge, are eligible for exemption in whole or in part from property taxation under Public Act 390 of 1994 (MCL 211.7u); and

WHEREAS, pursuant to MCL 211.7u(2)(e) the adoption of guidelines to establish poverty exemptions is within the purview of the City Commission; and

WHEREAS, the City Commission does establish and adopt the 2024 City of Bloomfield Hills Poverty Exemption Policy and Guidelines as presented and attached to this Resolution.

NOW THEREFORE, BE IT RESOLVED by the City Commission of the City of Bloomfield Hills that the City Commission establishes and adopts the 2024 City of Bloomfield Hills Poverty Exemption Policy and Guidelines which is attached to this Resolution and incorporated herein.

Ayes: 5
Nays: 0
Absent: 0
Abstentions: 0

STATE OF MICHIGAN)
) ss.
COUNTY OF OAKLAND)

I, Amy Burton, the duly qualified and appointed City Clerk of the City of Bloomfield Hills, Oakland County, Michigan, do hereby certify that the foregoing is a true and complete copy of the Resolution adopted by the City Commission of the City of Bloomfield Hills at a duly called meeting held on the 13th day of February 2024, the original of which is on file in my office.

IN WITNESS WHEREOF, I have hereunto affixed my official signature this 4th day of March, 2024.

Amy L. Burton
AMY BURTON, City Clerk

**2024 CITY OF BLOOMFIELD HILLS
POVERTY EXEMPTION**

POLICY AND GUIDELINES

A. POLICY

The Bloomfield Hills Board of Review shall analyze all properly submitted applications for Poverty Exemptions, according to amended P.A. 390 of 1994, section 211.7u of the Michigan Compiled Laws (MCL) and P.A. 253 of 2020. Every taxpayer will be treated the same, and the items to be considered and the manner in which they will be analyzed are listed under the following guidelines.

B. APPLICATION GUIDELINES

1. For a Poverty Exemption the applicants must own and occupy the property as their principal residence. (Otherwise known as Primary, Permanent, Homestead, Household)
2. Required documents include Federal and Michigan Income Tax Returns along with a filed MI-1040CR, Homestead Property Tax Credit Claim. These returns are required to be eligible for a poverty exemption. For calendar year 2024, these are the tax returns for 2023. For those persons residing in or on the subject property who are not required to file Federal or State Income Tax Returns, said persons may file an affidavit with the City indicating they are not required to file said tax returns; however, the owner of the subject property must file said tax returns with the City.
3. Income and Asset information includes all members of the household. Information regarding exemptions for dependents, elderly and disabled obtained from the Federal and Michigan Income Tax Returns will be noted. Suggested Asset and Income sources:

Income – includes but is not limited to the following:

- a. Employment
- b. Pensions
- c. Social Security
- d. Unemployment Compensation
- e. Worker's Compensation
- f. General Assistance
- g. Aid to Dependent Children
- h. Alimony
- i. Interest
- j. Dividends
- k. Child Support
- l. Insurance
- m. Gifts, Cash, Loan, Etc.
- n. Other

Note: Payments provided through the Holocaust Restitution Program are exempt income in determining eligibility for a Poverty Exemption. Please also note that monies/credits received pursuant to MCL 206.520 (Homestead Property Tax Credit) is not income for purposes of MCL 211.7u.

Assets – includes but is not limited to the following:

- a. Cash
- b. Checking/Savings Account
- c. Stocks/Bonds
- d. IRK/Keogh Annuities and Certificates of Deposit
- e. Deferred Compensation
- f. Investments
- g. Money Markets
- h. Vehicles (such as Cars, Trucks, SUVs) other than First Initial Vehicle
- i. Insurance
- j. Gifts/Cash
- k. Real Estate other than Principal Residence
- l. Personal property
- m. Recreational Vehicles and Recreational Equipment
- n. Boats, Jet Skis and other similar Aquatic Vehicles

- 4. All property taxes shall be paid and current on the property or on a payment plan with the Oakland County Treasurer to pay the delinquency.

C. 2024 CITY OF BLOOMFIELD HILLS POVERTY GROSS INCOME SCHEDULE

Size of Family Unit	Poverty 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, add	\$5,140

D. EVALUATION PROCEDURE

- 1. Application may be reviewed by the March Board of Review without the applicant being present. However, the Board may request that an applicant or their representative be available to respond to any questions the Board may have. Board of Review meeting schedules will be made available to the applicants.
- 2. If requested, the applicant should be prepared to answer questions regarding their financial affairs, health, the status of people living in their home, etc.

3. The Board of Review will follow the approved policy and guidelines to determine eligibility and the amount of the exemption.
4. A majority of the Board of Review must agree as to the disposition of the poverty claim for the exemption to be granted.
5. All information is subject to verification.
6. The City will keep minutes of all proceedings before the Board of Review. All meetings are to be held in a municipal building.
7. A person filing a poverty exemption claim may also appeal the same parcel's assessment before the current March Board of Review.
8. The Board of Review shall follow the policy and guidelines of the City of Bloomfield Hills in granting or denying an exemption under this section. Pursuant to P.A. 253 of 2020, the Board of Review may only grant exemptions as follows: (1) 100% reduction to taxable value, or (2) 50% reduction to taxable value, or (3) 25% reduction to taxable value, or (4) any other percentage reduction to taxable value approved by the State Tax Commission.

E. INCOME AND ASSET TESTS

1. Income Test: An applicant must meet the 2024 City of Bloomfield Hills Poverty Gross Income Schedule as set forth in Section C.
2. Asset Test: The asset threshold for an applicant in the City of Bloomfield Hills shall be assets not exceeding a value of \$25,000 for one person living in the residence, or \$35,000 for two or more people living in the residence.

The review process may require additional information to determine eligibility.

CITY OF BLOOMFIELD HILLS 2024 POVERTY
APPLICATION 45 E. Long Lake Road, Bloomfield Hills, Michigan
48304

Date _____

* MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED *

Petitioner's Name: _____ Age: _____

Address: _____

Value: _____ Parcel Number: _____

How long have you lived at this address _____

If less than ten years, please identify previous address, ownership and property value

Phone Number: _____

Marital Status: (Check One)

- | | |
|--|----------------|
| <input type="checkbox"/> Married | How Long _____ |
| <input type="checkbox"/> Divorced | How Long _____ |
| <input type="checkbox"/> Widow/Widower | How Long _____ |
| <input type="checkbox"/> Separated | How Long _____ |
| <input type="checkbox"/> Single | How Long _____ |

Employment Status: Employed Full-Time Disabled-How Long _____
 Employed Part-Time Retired
 Unemployed – How Long _____
 Laid Off – How Long _____

Occupation: _____ Employer: _____
(If Employed)

Describe any disability or health problems you have:

Spouse's Name: _____ Age: _____

Employment Status: Employed Full-Time Disabled – How Long _____
Spouse Employed Part-Time Retired
 Unemployed – How Long _____
 Laid Off – How Long _____

Occupation (Spouse): _____ Employer (How Long) _____
(SPOUSE) (If Employed)

Describe any disability or health problems spouse may have:

Please list all persons residing in or on this property which must qualify as a "Homestead" under, P.A. 237 of 1994. All residents must supply copies of:

Current Federal and Michigan Income tax returns, including a filed Michigan Homestead Property Tax Credit Form, MI-1040CR including asset information for all persons residing in the household. For those persons residing in or on this property who are not required to file Federal or State Income Tax Returns, said persons may file an affidavit with the City indicating they are not required to file said tax returns; however, the owner of the subject property must file said tax returns with the City.

Name	Age	Relationship	Employment Status	Extent of Dependence for Food, Shelter, etc.
------	-----	--------------	-------------------	--

Are you (spouse) the sole owner(s) of the property, and do you (spouse) occupy the property for which the reduction is requested?

Own: Yes No Occupy: Yes No

Do you have an ownership interest in any real estate other than the above property?

Yes No

If yes, list all other real estate:

Have any improvements, additions, or changes been made to the property for which the reduction is requested, in the last two (2) years? Yes No

If so, please explain:

Is there a mortgage or a land contract on your property? Yes No

If so, what is the monthly mortgage or land contract payment? \$ _____
 With Taxes Without Taxes

When will the mortgage or Land Contract be paid off? _____

What is the unpaid balance on the mortgage or land contract? \$ _____

Are the taxes paid? Yes No

When did you purchase this property? _____

What was the purchase price? \$ _____

Did you seek property tax relief last year? () Yes () No

Spouse or household occupant #1

Name: _____ Age: _____ Relationship: _____

Please list all sources of your personal income, indicate the amount from each source on an annual basis:

Employment	\$ _____
Pension	\$ _____
Social Security	\$ _____
Unemployment Compensation	\$ _____
Workman's Compensation	\$ _____
Welfare Assistance - ADC	\$ _____
Alimony	\$ _____
Interest/Dividends	\$ _____
Child Support	\$ _____
Insurance	\$ _____
Gifts (Cash, Other)	\$ _____
Other	\$ _____

What are your current assets: (Please provide balances as of 12-31-2023)

Cash/ Checking Account	\$ _____
Savings/Money Markets/CD's	\$ _____
Stocks/Bonds	\$ _____
Investments (Real & Personal)	\$ _____
Vehicles, Cars, Boats, RV's	\$ _____
Insurance	\$ _____
Gifts/Cash/Other	\$ _____

Please note that monies/credits received pursuant to MCL 206.520 (Homestead Property Tax Credit) is not income for purposes of MCL 211.7u. Payments provided through the Holocaust Restitution Program are not income for purposes of MCL 211.7u.

Additional Household Occupants (Attach additional sheets as necessary)

Name: _____ Age: _____ Relationship: _____

Please list all sources of personal income, indicate the amount from each source on an annual basis:

Employment	\$ _____
Pension	\$ _____
Social Security	\$ _____
Unemployment Compensation	\$ _____
Workman's Compensation	\$ _____
Welfare Assistance - ADC	\$ _____
Alimony	\$ _____
Interest/Dividends	\$ _____
Child Support	\$ _____
Insurance	\$ _____
Gifts (Cash, Other)	\$ _____
Other	\$ _____

Please note that monies/credits received pursuant to MCL 206.520 (Homestead Property Tax Credit) is not income for purposes of MCL 211.7u. Payments provided through the Holocaust Restitution Program are not income for purposes of MCL 211.7u.

What was the total income from all sources for everyone living in your household for the past two (2) years? *All residents must supply copies of their current year Federal and Michigan Tax returns

Current Year	\$ _____
Last Year	\$ _____

Do you anticipate any major changes in income for the coming year? () Yes () No

If so, please explain:

Do you have any major or unusual expenses? () Yes () No

If so, please explain (Attach additional sheets if necessary):

VERIFICATION OF EXPENSES MAY BE REQUIRED

Does anyone contribute to your support? () Yes () No

If so, who contributes to your support and how much is contributed?

Is anyone else able to contribute to your support? () Yes () No

Explain: _____

Do you anticipate selling the property for which relief is sought in the next year?
() Yes () No

PLEASE READ CAREFULLY:

I am unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u of Michigan Compiled Laws. I (we) have read this application and the 2024 City of Bloomfield Hills Poverty Exemption Guidelines and fully understand the contents thereof. I (we) declare that the statements made herein are complete, true, and correct to the best of my (our) knowledge. I (we) further understand that if any information contained herein is found to be false or incomplete, or if property is sold within the year, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability.

I also authorize a representative of the Oakland County Equalization Division (which acts as the Bloomfield Hills Assessor and Staff) and/or the Bloomfield Hills Board of Review and/or any of its members to physically inspect my property at some point during the course of this year to ensure accuracy of the property appraisal record card.

APPLICANT SIGNATURE: _____

DATE: _____

SPOUSE SIGNATURE: _____

DATE: _____

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.

PART 1: PERSONAL INFORMATION: Petitioner must list all required personal information.

Petitioner's Name:		Daytime Phone Number:		
Age of Petitioner:	Marital Status:	Age of Spouse:	Number of Legal Dependents:	
Property Address of Principal Residence:		City:	State:	ZIP Code:
<input type="checkbox"/> Check if applied for Homestead Property Tax Credit		Amount of Homestead Property Tax Credit:		

PART 2: 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 Board of Review 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:				

PART 3: ADDITIONAL PROPERTY INFORMATION: List information related to any other property owned by you or any member residing in the household.

<input type="checkbox"/> Check if you own, or are buying, other property. If checked, complete the information below			Amount of Income Earned from Other Property:	
1	Property Address:	City:	State:	ZIP Code:
	Name of Owner(s):	Assessed Value:	Date of Last Taxes Paid:	Amount of Taxes Paid:
2	Property Address:	City:	State:	ZIP code:
	Name of Owner(s):	Assessed Value:	Date of Last Taxes Paid:	Amount of Taxes Paid:

PART 4: EMPLOYMENT INFORMATION: List your current employment information.

Name of Employer:			
Address of Employer:	City:	State:	ZIP Code:
Contact Person:	Employer Telephone Number:		

PART 5: INCOME SOURCES: List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (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, for all persons residing at the property.

Source of Income	Monthly or Annual Income (indicate which)

PART 6: 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, for all persons residing at the property.

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

PART 7: LIFE INSURANCE: List all policies held by all household members.

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

PART 8: 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

PART 9: HOUSEHOLD OCCUPANTS: List all persons living in the household.

First and Last Name	Age	Relationship to Applicant	Place of Employment	\$ Contribution to Family Income

PART 10: PERSONAL DEBT: List all personal debt for all household members.

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

PART 11: 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 Expenses (gas, repair, etc.)	
Other (type and amount)	Other (type and amount)		Other (type and amount)
Other (type and amount)	Other (type and amount)		Other (type and amount)

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.

<input type="checkbox"/> The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.

PART 13: CERTIFICATION:

I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from the property taxes pursuant to Michigan Compiled Law, Section 211.7u.		
Printed Name	Signature	Date

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

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

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 the person owning and occupying the residence.			
Owner Name		Owner Telephone Number	
Mailing Address	City	State	ZIP Code
PART 2: LEGAL DESIGNEE INFORMATION (Complete if applicable.)			
Legal Designee Name		Daytime Telephone Number	
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) <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village		County	
Name of Local School District			
Parcel Identification Number	Year(s) Exemption Previously Granted by Board of Review		
Homestead Property Address	City	State	ZIP Code
PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (Check all boxes that apply.)			
<input type="checkbox"/> I own the property in which the exemption is being claimed. <input type="checkbox"/> The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home. <input type="checkbox"/> After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or I receive a fixed income solely from public assistance that is not subject to significant annual increases beyond the rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits.			
PART 5: CERTIFICATION			
I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive an exemption from property taxes by reason of poverty pursuant to Michigan Compiled Law, Section 211.7u.			
Owner or Legal Designee Name (print)	Signature of Owner or Legal Designee		Date
Designee must attach a letter of authority.			
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Attach appeal instructions and provide to owner.)		Tax Year(s) exemption will be posted to tax roll	
CERTIFICATION — I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.			
Assessor Signature		Date Certified by Assessor	

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, _____, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence: _____

Signature of Person Making Affidavit

Date