OFFICE USE ONLY (Date Stamp)

Springfield Township

2024 Poverty/Hardship Exemption

NAME: PARCEL NUMBER:



New! Required State Application form enclosed

INSTRUCTIONS FOR POVERTY TAX EXEMPTION APPLICATION

All parties wishing to appeal the assessed and taxable valuations of their property on the basis of **financial need** must complete and return the Poverty Exemption Application to this office along with all requested documents before 4:30 p.m. by one of the following dates to have your application reviewed by the July or December Board of Review. If possible, please submit early in July for processing.

Deadline dates are the Friday before the Board of Review:

July 12, 2024

December 6, 2024

The Poverty Tax Exemption is a one year exemption. A new application must be resubmitted each year. This appeal is for real property taxes **only**. **Special Assessments** are <u>NOT</u> considered taxes and should be listed on the expense portion of the application.

Your applications must be completely filled out and signed before submission. Failure to supply copies of Federal and State tax returns filed, bank statements, etc. will be grounds for denial of the exemption. If applicant and/or other members of the household are not required to file Federal and State income tax forms based on low income, Form 4988 Poverty Exemption Affidavit must be completed and submitted with the application. If you need assistance in making copies, the staff will be glad to help you.

Please refer to the Charter Township of Springfield **2024** Poverty Tax Exemption Guidelines and Standards to determine eligibility.

Eligibility Requirements

- 1. Combined income and assets should not exceed the **2024** Poverty Tax Exemption Guidelines and Standards as established by the Springfield Township Board.
- 2. You must own and occupy the property as a principal residence as of **December 31, 2023.**
- 3. Applicant's total net assets (excluding principal residence) should not exceed \$125,000.
- 4. You **MUST** submit a completed Poverty Tax Exemption Application, including all tax returns, income and asset verification and other information requested. Failure to submit a completed application or omission of information requested will be grounds for denial.

If your property is in risk of foreclosure, listed for sale or is in the process of being sold, please notify the Board of Review prior to the July or December meeting date.

The Supervisor, Assessor, and/or Board of Review may conduct an investigation to verify information submitted, statements made, and qualifications of the applicant.

If you have any questions, please call the Assessing Department at (248) 846-6532.

All submitted forms will be retained by the Board of Review and become part of the Board of Review records. Under the Freedom of Information Act, all documents and information (except tax forms) submitted to the Board of Review are public record, potentially subject to public disclosure.

2024 POVERTY TAX EXEMPTION GUIDELINES

The 2023 Very Low Income Limits established by the U.S. Department of Housing and Urban Development were used to establish these guidelines. For any applicant whose income and assets are below the following guidelines, a full or partial exemption from advalorem property taxes **MAY** be granted:

OAKLAND COUNTY 2023 HUD INCOME LIMITS

ESTABLISHED BY THE U.S. DEPARTMENT OF HOUSING

AND URBAN DEVELOPMENT

(Effective: 6/15/2023)

TO BE USED FOR 2024 POVERTY APPLICATIONS

PERSONS PER HOUSEHOLD	VERY LOW INCOME (50%)
1	33,150
2	37,900
3	42,650
4	47,350
5	51,150
6	54,950
7	58,750
8	62,550
Each Additional Person	3,800

The applicant shall file an application for Poverty Exemption reporting the combined assets of <u>all persons residing in the principal residence</u>. The applicant's total net assets (excluding the principal residence) shall not exceed \$125,000. Assets include, but are not limited to: real estate other than the principal residence, personal property, motor vehicles, recreational vehicles and equipment, certificates of deposit, savings accounts, checking accounts, stocks, bonds, retirement funds, etc. Assets reported do not include the value of the principal residence.

REQUIRED DOCUMENTS

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

- o Application for MCL 211.7u Poverty Exemption (Form 5737 Attached)
- Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty (Form 5739 Attached)
- Most Current Year Federal Income Tax Returns for all persons residing in the principal residence
- Most Current Year State of Michigan Income Tax Return for all persons residing in the principal residence
- Most Current Year MI-1040CR, Homestead Property Tax Credit Form for all persons residing in the principal residence
- Social Security Administration and/or Michigan Social Services statement of monies paid to applicant(s), accompanied by Poverty Exemption Affidavit (Form 4988 Attached-if applicable)
- Previous month bank statement for all open accounts for all persons residing in the principal residence
- o Driver's License or other form of legal identification
- o Proof of ownership: Deed, Land Contract, etc. (if requested)

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 Ph	Daytime Phone Number			
Age of	Petitioner	Marital Status		Age of Spouse		Number of Legal Dependents		
Proper	ty Address of Principal Residence			City			State	ZIP Code
Check if applied for Homestead Property Tax Credit				Amount of Homestead Property Tax Credit				
PAR	T 2: REAL ESTATE INF	ORMATIO	N					
evid	the real estate information				to provide	a de	eed, land	d contract or other
Proper	ty Parcel Code Number			Name of Mortgage Company				
Unpaid	Balance Owed on Principal Resid	dence	Monthly Payment		Length of Ti	ime at	this Reside	nce
Proper	ty Description							
PAR	T 3: ADDITIONAL PRO	PERTY IN	FORMATION					
List	information related to ar	ny other pro	perty owned by yo	u or any member resi	ding in the	e hou	sehold.	
Check if you own, or are buying, other property. If che information below.				ecked, complete the	olete the Amount of Income Earned from other Property			om other Property
	Property Address			City			State	ZIP Code
1	Name of Owner(s)			Assessed Value	Date of Las	A Tava	Daid	Amount of Taxes Paid
Name of Owner(s)				Assessed value	Date of Las	si iaxe:	s raiu	Amount of Taxes Paid
	Property Address			City			State	ZIP Code
2	Name of Owner(s)			Assessed Value	Date of Las	st Taxes	s Paid	Amount of Taxes Paid

PART 4: EMPLOYMENT I	PART 4: EMPLOYMENT INFORMATION — List your current employment information.								
Name of Employer									
Address of Employer	City		State	ZIP Code					
Contact Person			Employer Te	lephone Numb	ber				
PART 5: INCOME SOURCE	ES								
List all income sources, incaccounts), unemployment judgments from lawsuits, income, for all persons res	compensati alimony, chi	ion, disability, gove Id support, friend o	rnment pens	sions, worl	ker's compensa	tion, divi	dends, claims and		
	Source	of Income			Month	ly or An (indicate	nual Income which)		
PART 6: CHECKING, SAV	INGS AND	INVESTMENT IN	FORMATIO	N					
List any and all savings accounts, postal savings, persons residing at the pro	credit unior								
Name of Financial Institution or Investments		Amount on Deposit	Current Interest Rat	e Name on Accou		nt	Value of Investment		
PART 7: LIFE INSURANCE	E — List al	l policies held by a	II household	l members	S				
Name of Insured	Amount Policy	,	1 -	Policy Paid in Full Name of Benefic		iciary	Relationship to Insured		
PART 8: MOTOR VEHICL	E INFORM	ATION							
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	Monthl		nthly Payment		Balance Owed			
				,					

PART 9: HOUSEHOLD OC	CUPANTS -	- List all pe	ersons liv	ing i	n the househo	old.			PART 9: HOUSEHOLD OCCUPANTS — List all persons living in the household.								
First and Last Name		e Age		Relationship Age to Applicant Pla		Plac	ace of Employment		\$ Contribution to Family Income								
The and East Name			_		- 1-1				,								
PART 10: PERSONAL DE	BT — List all	personal d	ebt for a	II hou	usehold meml	bers.											
Creditor	Purpose o	of Deht	Dat of De		Original Bal	lance	Mont	hly Payment	Balance Owed								
O Galler	, aipood (71 2020	0. 20		Original Bai	iumoc	, mone	iny i dymoni	Daraneo Gwaa								
								1									
PART 11: MONTHLY EXP	ENSE INFOR	RMATION	10														
The amount of monthly ex necessary.	rpenses relat	ed to the p	orincipal	resid	lence for eac	h cat	egory i	must be liste	d. Indicate N/A as								
Heating Electric			Water				Phone										
Cable Food				Clothi	ng			Health Insurance									
Garbage		Daycare				Car Exper	ise (gas, repair, etc	c.)									
Other (type and amount)		Other (type ar	nd amount)				Other (type and amount)										
Other (type and amount)	Other (type ar	nd 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 11: POLICY AND GUIDELINES ACKNOV	WLEDGMENT						
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.							
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 12: 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 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

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 taxpaver'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.

l,	, swear and affirm by my signature below that I
• • • • • • • • • • • • • • • • • • • •	subject of this Application for Poverty Exemption and that ax year, I was not required to file a federal or state income
Address of Principal Residence:	
Signature of Person Maki	g Affidavit Date

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	l s	State Z	IP Code			
maining / datace	5.14						
PART 2: LEGAL DESIGNEE INFORMATION (Compl	ete if applicable.)						
Legal Designee Name		Daytime Telephone Number					
Mailing Address	City		State Z	ZIP Code			
Walling Address	Oity	١	nate 2	iii oode			
PART 3: HOMESTEAD PROPERTY INFORMATION	Enter information for property.	erty in which the e	exemption	n is being claimed.			
City or Township (check the appropriate box and enter name)		County					
City Township Village							
Name of Local School District							
Parcel Identification Number	Year(s) Exemption Previously	Granted by Board of I	Review				
Homestead Property Address	City	Is	State 2	ZIP Code			
	1,						
PART 4: AFFIRMATION OF OWNERSHIP, OCCUPA	NCY, AND INCOME STAT	US (Check all b	oxes tha	at apply.)			
_				3			
I own the property in which the exemption is bei	ng claimed.						
The property in which the exemption is being cla	aimed is used as my home	stead Homeste	ad is de	enerally defined			
as any dwelling with its land and buildings where		otoda. Homooto	au io ge	morally dollinou			
After establishing initial eligibility for the exempti							
I receive a fixed income solely from public assist rate of inflation, such as federal Supplemental S							
rate of inflation, such as rederal oupplemental of	eculity income of occiai o	county disability	or retire	ement benefits.			
PART 5: CERTIFICATION							
I hereby certify to the best of my knowledge that the	information provided on this	s form is true an	ıd I am e	eligible to receive			
an exemption from property taxes by reason of pover							
Owner or Legal Designee Name (print) Signa	ture of Owner or Legal Designee		Date	е			
Designee must attach a letter of authority.							
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)							
LOCAL GOVERNMENT USE	UNLY (DU NOT WRITE BE			be posted to tax roll			
Approved Denied (Attach appeal instructions	s and provide to owner.)	Tux Tour(o) exem					
CERTIFICATION — I certify that, to the best of my knowledge, the information contained in this form is complete and							
accurate.		I D-4- O-25 11 1					
Assessor Signature		Date Certified by As	ssessor				
		I					