

**ANN ARBOR CHARTER TOWNSHIP  
2019 POVERTY EXEMPTION APPLICATION**

The undersigned acknowledges receipt of the Poverty Exemption Application packet. The completed application packet must be returned to the Assessor's Office prior to the final adjournment of the Board of Review and is requested to be submitted **prior to 12:00 p.m., Saturday, March 16, 2019.** A personal appearance is not required but you **MUST** submit all required documents and a complete application.

The Open Meetings Act does require that all meetings of the Board of Review are open to the public. Applicants who file for consideration of a poverty exemption are not prohibited from also filing an appeal on the assessed value and/or taxable value.

**By signing below I acknowledge that failure to provide all of the required documents and/or a complete application will result in a denial of hardship.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Property Address

**Assessor's Office Use Only:**

The following documents were submitted for all persons living in the household:

- \_\_\_\_\_ Completed and signed poverty exemption application
- \_\_\_\_\_ 2018 federal income tax return (1040, 1040A, 1040EZ)
- \_\_\_\_\_ 2018 state income tax return (MI-1040)
- \_\_\_\_\_ 2018 homestead property tax credit claim (MI-1040CR)
- \_\_\_\_\_ Most recent three bank statements
- \_\_\_\_\_ Most recent utility bill statements
- \_\_\_\_\_ Most recent statement from SSI or any other form of governmental assistance if the applicant or anyone in the household is receiving benefits. If the funds are not directly deposited into your bank account the stub that accompanies the check is required to be submitted.
- \_\_\_\_\_ Current statements for all debts (including mortgage statements)
- \_\_\_\_\_ All documentation supporting extenuating medical circumstances

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**Policies for Applicants Requesting Consideration for Poverty Exemption**

In order to be eligible to receive a 2019 poverty exemption, the applicant must meet all of the following requirements:

1. The applicant must submit a copy of the following documents, for all persons living in the household:
  - 2018 federal income tax return (1040, 1040A, 1040EZ)
  - 2018 state income tax return (MI-1040)
  - 2018 homestead property tax credit claim (MI-104CR)
  - Most recent three bank statements (e.g., brokerage, checking, savings, etc.)
  - Most recent utility bill statement (e.g., gas, electric, telephone, water/sewer, cable television, etc.)
  - Most recent statement from SSI or any other form of governmental assistance (e.g., FIA, bridge card, etc.) if the applicant or anyone in the household is receiving benefits. If your funds are not directly deposited into a bank account the stub that accompanies the check is required to be submitted.
  - Current statements for all debts (e.g., credit cards, automobile loans, mortgage loans, personal loans, student loans, etc.)
  - All documentation supporting extenuating medical circumstances.

Additional documentation may be requested by the Township Assessor or Board of Review prior to approval.

2. The applicant must prepare in entirety a Poverty Exemption Application and must submit the completed document along with all supporting documentation to the Assessor's Office prior to final adjournment of the Board of Review.
3. The applicant must own and occupy, as a homestead, the property on which a poverty exemption is sought. The applicant may be requested to produce a valid driver's license, state identification card, or other acceptable form of picture identification. The applicant must also produce a deed, land contract, or other evidence of ownership, if request by the Township Assessor or Board of Review.
4. The applicant must meet the income eligibility guidelines as defined and determined by Public Act 390 of 1994. These guidelines are adjusted annually as established in said Act. Following are the federal standards as of December, 31 2018 for household income deemed to be at the poverty threshold, for use in setting poverty exemption guidelines for 2018 assessments. In order to qualify for tax relief, the applicant's 2018 household income from all sources must be at or below the following amounts:

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Size of Family Unit	Poverty Guidelines
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$33,100
6	\$37,140
7	\$41,320
8	\$45,500
For each additional person	\$ 4,180

5. The applicant must report financial contributions by all persons living in the household or from relatives.
6. The applicant, along with all members of the household combined, must not possess liquid financial assets in excess of \$5,000. All other assets shall not exceed \$10,000.
7. The applicant, along with all members of the household, must sign the appropriate release forms to allow the Township Assessor and Board of Review to obtain official copies of federal and state income tax returns for the purpose of verifying household income or lack of filing a return.

**Special Notes**

1. Once the applicant has met the income threshold requirement as well as the asset test and other miscellaneous requirement, the standard policy of the Board of Review is to reduce the taxable value for the property on which tax relief is sought to an amount that sets the estimated 2019 property taxes equal to any amount that is 3.5% of the applicant's 2018 household income. For instance, for a one-person household with income of \$10,210, the applicant's net expected property tax effort is \$357.
2. All poverty exemption applications are considered on a case-by-case basis within the framework of the aforementioned policies. Upon unanimous vote and approval by the Township Assessor, the Board of Review may deviate from the standard policies upon its judgment based on extenuating circumstances and compelling reasons presented by the applicant.

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I, \_\_\_\_\_, being the owner and resident of the property listed below, desire to apply for Tax Relief for the \_\_\_\_\_ assessment year under the following provisions. "The real and personal property of persons who, in the judgement of the assessor and board of review, by reason of poverty, are unable contribute toward the public charge."

MARITAL STATUS: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

AGE OF APPLICANT: \_\_\_\_\_ Day Time Phone \_\_\_\_\_

**PROPERTY INFORMATION:** Property Identification No. I\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

Did you file for the Michigan Homestead Property Tax Credit? (Form 1040CR) \_\_\_\_\_

If yes, how much was your property tax credit? \$ \_\_\_\_\_

Is your home paid in full? \_\_\_\_\_ If not, what is the unpaid balance? \_\_\_\_\_

Name of Mortgage Company \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Names of all people listed on the mortgage \_\_\_\_\_

When was the property purchased? \_\_\_\_\_ What was the purchase price? \$ \_\_\_\_\_

How much was the down payment? \_\_\_\_\_ Did you receive any assistance in the purchase of this property? \_\_\_\_\_ If yes, from whom? \_\_\_\_\_ How much? \_\_\_\_\_

Do you receive any assistance in paying your mortgage, house insurance, property taxes or utility bills? \_\_\_\_\_

If so, list below:

Property #1

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PURCHASE PRICE \$ \_\_\_\_\_ DATE PURCHASED \_\_\_\_\_ DOWN PAYMENT \_\_\_\_\_

OWNER/CO-OWNER NAME \_\_\_\_\_

Did you receive assistance from anyone in order to make this purchase? \_\_\_\_\_

List any annual income from property. \$ \_\_\_\_\_

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Property #2

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PURCHASE PRICE \$ \_\_\_\_\_ DATE PURCHASED \_\_\_\_\_ DOWN PAYMENT \_\_\_\_\_

OWNER/CO-OWNER NAME \_\_\_\_\_

Did you receive assistance from anyone in order to make this purchase? \_\_\_\_\_

List any annual income from property. \$ \_\_\_\_\_

Has **anyone** in the household **sold** any property (real or personal) in the last 12 months? Is so, give details: i.e. "We sold our travel trailer in January for \$6,000."

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS/CITY \_\_\_\_\_

OWNER NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

List **all** household income from: Salaries, Social Security, Rents, Pension, Unemployment Compensation, Disability, Government Pensions, Dividends, Workman's Compensation, Union Claims and Lawsuits, Alimony, Child Support **or any other sources** including "in-kind" income i.e. help from relatives, housing allowance, food stamps, etc.

HOUSEHOLD MEMBER	SOURCE OF INCOME	MONTHLY AMOUNT

**BANK ACCOUNT AND SAVINGS:** List all bank accounts owned by you, your spouse, or anyone else living with you. Also list savings certifications, Postal Savings and Cash in deposit box, on hand, or on deposit in Credit Unions.

NAME OF FINANCIAL INSTITUTION	AMOUNT ON DEPOSIT	IN WHOSE NAME IS THIS ACCOUNT	AMOUNT AND DATE OF DEPOSITS/WITHDRAWELS IN THE LAST 30 DAYS

List all Stocks, Bonds, Mortgages, Land Contracts owned by your, your spouse or anyone living with you.

HOUSEHOLD MEMBER	CURRENT VALUE	DIVIDENDS, INTEREST AND AMOUNTS RECEIVED

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**LIFE INSURANCE:** List all policies held by your and all members of your household.

INSURED	FACE AMOUNT OF POLICY	MONTHLY PREMIUM	PAID UP POLICIES	RELATIONSHIP OF BENEFICIARY

If you are disabled, give the nature of your disability, expected duration, and medical proof of your disability.

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Do you have prescription coverage? \_\_\_\_\_ If yes, give name of provider, yearly deductible and prescription co-pay.

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**List all Motor Vehicles in household** (whether paid in full or not) including recreational vehicles i.e. boats, motor homes, travel trailers, jet skis, snow mobiles, etc.

1. Make \_\_\_\_\_ Year \_\_\_\_\_ Monthly Pmt. \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_
2. Make \_\_\_\_\_ Year \_\_\_\_\_ Monthly Pmt. \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_
3. Make \_\_\_\_\_ Year \_\_\_\_\_ Monthly Pmt. \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

**List below all persons living with you:**

Last Name, First Name	Age	Relationship	Are they working?	What do they contribute to household financially?

**PERSONAL DEBTS:** What do you owe? (Attach separate sheet if additional space is needed)

To Whom	For What	Original Debt \$	Monthly Payment	Balance

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List all other monthly obligations i.e. utilities, phone, cable, food, clothing, etc.

To Whom	Monthly Payment	To Whom	Monthly Payment

Has your financial situation drastically changed in the last 6 months?\_\_\_\_\_ If yes, explain \_\_\_\_\_

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Is there any further information you wish the Board of Review to be aware of in its review of your poverty exemption application?\_\_\_\_\_

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Do you wish to be present when the Board of Review hears this case? \_\_\_\_\_

If you answered yes, you will receive a phone call from the Assessor's Office to schedule your appointment. You will be not be notified of the Board's decision at that time. You will receive a written notice the first week in April.

If you answered no, no further action is necessary and you will receive notification of the Board's decision the first week of April.



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Michigan Department of Treasury 4988 (05-12)

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

**Important**

By making this poverty exemption application for tax relief, the applicant consents to the examination by Ann Arbor Charter Township of any and all of his or her financial records.

The undersigned states, under penalty of perjury, that the statement made in the foregoing application are true and he or she has no assets, income, or property other than that mentioned herein. Any willful misstatements or misrepresentations made on this form may constitute fraud and/or perjury, and may be punishable under the laws of the State of Michigan.

\_\_\_\_\_  
Applicant's Signature Date

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**Reminder to the Applicant**

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- 2018 state income tax return (MI-1040)
- 2018 homestead property tax credit claim (MI-1040CR)
- Most recent three bank statement (e.g., brokerage, checking, savings, etc.)
- Most recent utility bill statement (e.g., gas, electric, telephone, water/sewer, cable television, etc.)
- Most recent statement from SSI or any other form of governmental assistance (e.g., FIA, bridge card, etc.) if the application or anyone in the household is receiving benefits. If your funds are not directly deposited into a bank account the stub that accompanies the check is required to be submitted.
- Current statements for all debts (e.g., credit cards, automobile loans, mortgage loans, personal loan, student loans, etc.)
- All documentation supporting extenuating medical circumstances.

2. This application is requested to be returned **prior to 4:00 p.m., March 15, 2019** to:

Ann Arbor Charter Township  
Assessor's Office  
3792 Pontiac Trail  
Ann Arbor, MI 48105

Business hours: 8:00 a.m. to 4:30 p.m. Monday through Friday

3. Once your application is received by the Assessor's Office, it will be presented to the Board of Review and a decision will be mailed to you approximately two weeks after the scheduled Board meeting.

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Date: \_\_\_\_\_ Hardship Petition Number: \_\_\_\_\_

**IS HOUSEHOLD INCOME WITHIN POVERTY GUIDELINES?**

**ARE HOUSEHOLD ASSETS LESS THAN \$25,000?**

HOUSEHOLD INCOME: \_\_\_\_\_

5% OF INCOME < \$10,000: \_\_\_\_\_

10% OF INCOME > \$10,000: \_\_\_\_\_

+MI PROPERTY TAX REFUND: \_\_\_\_\_

PROPERTY TAX SHOULD: \_\_\_\_\_

+MILLAGE \_\_\_\_\_

TAXABLE VALUE \_\_\_\_\_

MILLAGE-HOMESTEAD RATE: \_\_\_\_\_

# ANN ARBOR TOWNSHIP BOARD OF REVIEW HARDSHIP CHECKLIST

- | Assessor's<br>Office Use | Petitioner's<br>Use      |                                                                                                                                   |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | PROOF OF OWNERSHIP ( <b>Warranty Deed</b> )                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | FORM FROM ASSESSORS OFFICE COMPLETELY FILLED OUT                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | COPY OF FEDERAL INCOME TAX RETURN ( <b>For everyone in household</b> )                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | COPY OF STATE INCOME TAX RETURN ( <b>For everyone in household</b> )                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | TOTAL OF HOUSEHOLD INCOME ( <b>Include everyone</b> )                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | TOTAL OF ALL ASSETS                                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | COPIES OF ALL LIABILITIES and ASSETS ( <b>Bills, Bank Statements, Credit Cards, Medical Bills, Stocks, Bonds</b> ) LISTED ON FORM |
| <input type="checkbox"/> | <input type="checkbox"/> | SIGNED AND DATED                                                                                                                  |

**WE CAN'T ACCEPT PAPERWORK UNLESS IT IS COMPLETE**

**PLEASE BRING THIS DOCUMENT BACK WHEN YOU TURN IN YOUR PAPERWORK.**

**AN "IN PERSON" APPOINTMENT WITH THE BOARD MEMBERS IS REQUIRED FOR ALL HARDSHIP APPLICATIONS**

INFORMATION VERIFIED AND RECEIVED BY \_\_\_\_\_

DATE \_\_\_\_\_