

NORTHFIELD TOWNSHIP MICHIGAN

POVERTY EXEMPTION APPLICATION INSTRUCTIONS

The Application for a One Year Poverty Reduction has been modified to comply with requirements of the State of Michigan and Northfield Township policy regarding the poverty exemption.

To be considered for a Poverty exemption, the following information **MUST** be provided:

1. Complete all sections of this application in full; be sure to sign the application.
2. Submit a completed and signed copy of the following **three weeks prior** to a Board of Review meeting:

Most recent **signed** and filed:

Michigan Income Tax Return **and** Homestead Property Tax Credit Claim (MI 1040 CR)

**this form is required to file a claim for poverty exemption.

Federal Income Tax Return (1040)

**this form is required to file a claim for poverty exemption.

Federal Income Tax Return (1040) for all occupants of the household.

**these forms are required to file a claim for poverty exemption.

3. When an occupant of the household is not employed but has income from another source, you must list the income in "Annual Income" on page 1 of your application and it must also be shown on page 3 under the "Household Income" section.
4. When indicating that you have "major or unusual out-of-pocket expenses", you must provide copies of documents verifying these expenses. Please note this does not include "everyday living expenses".
5. The application must be legible and complete. If you need or want to provide additional information, please attach a separate sheet(s); do not write in the margins of the application.
6. All documents submitted must be kept as part of the Board of Review record and **will not** be returned to you. Do not submit originals of supporting documents.
7. If the application is incomplete or does not include copies of the required financial documents, the application will be considered incomplete and not considered for a poverty exemption.

Applicants must provide a valid phone number, in the event of a question, it may be used.

Revised 2016/01/08

APPLICATION FOR ONE-YEAR POVERTY EXEMPTION - NORTHFIELD TOWNSHIP

Year _____ Parcel I.D. # B-02-_____ A.V. _____ T.V. _____

Property Owner Name: _____ Age _____

Name of Spouse (if applicable) _____ Age _____

Property Address: _____ Is your Principle Residence? Yes No

Telephone Number (_____) _____ - _____

Are you a military veteran? Yes No

Is your spouse a military veteran? Yes No

Employment Status and Name of Employer:

Employed			Employer	Are you disabled?		
Applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No

Nature of Disability _____
Please provide documentation of disability.

Do you have any MAJOR OR UNUSUAL OUT-OF-POCKET expenses? If yes, please list them below and provide verification documents.

Type of Expense	Amount Per Year

List all persons living in the home other than you and your spouse:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed as Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional sheet, if needed.

PROPERTY INFORMATION:

Purchase Date: _____ Purchase Price: \$ _____ (if purchased in last 3 years)

Any improvements, changes, or additions made to the property in the last two (2) years? () Yes () No

Do you own this property free and clear? () Yes () No If not, amount of monthly payment:\$ _____

Are the taxes included in payment? () Yes () No

Are property taxes current? () Yes () No

If not, amount past due \$ _____

ASSET INFORMATION

Do you have an ownership interest in any other real estate (including ownership via partnerships, corporations, etc.) in Michigan or anywhere else? () Yes () No If yes, please list (attach additional sheet if needed).

<u>Location</u>	<u>Value</u>	<u>Type of Use</u>	<u>Purchase Date</u>	<u>Purchase Price</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What are your assets in addition to real estate? (Do not include sheltered retirement plans such as IRA, 401(K), 403(B), Keogh, 457, annuities, or company pension programs)

- Cash \$ _____
- Savings Accounts/Certificates & Money Markets \$ _____
- Checking Accounts \$ _____
- Stocks/Bonds/Treasury Bills \$ _____
- Insurance - Cash Value \$ _____
- Other Personal Property, gems, jewelry, \$ _____
- Investments \$ _____

Vehicles: Cars, Trucks, Boats, Trailers, etc.

Make	#1	#2	#3
Model			
Year			
Value			
Balanced Owed			

EXPENSE INFORMATION

Please list all sources of household expenses on a **MONTHLY** basis.

House Payment (principal & interest)	
Association/Condo Fees	
Taxes on other property	
Special Assessments	
Home Insurance	
Car Payment 1 st car	
Car Payment 2 nd car	
Auto Insurance	
Health Insurance (include prescription coverage)	
Medical Bills (not covered by insurance)	
Prescriptions (not covered by insurance)	
Child Care/Day Care	
Cable	
Utilities & Phone _____	
Other, (please explain) _____	

Mortgage/Land Contract Balance \$ _____ Monthly Payment \$ _____

Does this payment include taxes? Yes _____ No _____

Does this payment include insurance? Yes _____ No _____

Have your expenses significantly changed in the last year? Yes _____ No _____ If yes, please explain _____

DEBT INFORMATION

Please list any outstanding loans, credit cards, and personal debts.

(attach additional sheet if necessary)

	TO WHOM	FOR WHAT	MONTHLY PMT	BALANCE
1				
2				
3				
4				
5				

INCOME INFORMATION:

Source	Amount Per Year	
	PRIOR YEAR	CURRENT YEAR
Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc.	\$	
Social Security/SSI	\$	
Retirement Pension or Annuity Benefits (Military Retir. Pay)	\$	
Interest and/or Dividends (includes non-taxable interest)	\$	
Rent/Business or Royalty Income	\$	
Disability Payments (Workers Comp, Veterans Disability,	\$	
ADC, SFA, SDA, RAP/REP (copy of DSS Annual Stmt)	\$	
Alimony	\$	
Child Support	\$	
Unemployment Benefits	\$	
Other Nontaxable Income (Military Family Allotments Etc.),	\$	
Less Amount YOU Pay for Medical Insurance	\$	
YOUR TOTAL INCOME	\$	
ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD (not claimed as dependents) AS SHOWN ON FIRST PAGE OF APPLICATION	\$	
TOTAL HOUSEHOLD INCOME FOR	\$	

I declare under the penalties of perjury, that all information submitted in my application for Poverty exemption is true.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Income x ____% = Non-refundable Taxes _____

Senior: Non-refundable + 1200 = _____ - _____ = _____

All Other: Non-refundable + 1200 = _____ - _____ = _____

Income _____ Estimated Net Tax _____ % of Income _____

BOR Recommendations/Decisions _____

APPLICANT CERTIFICATION

I / We understand that the statements contained in this application are true to the best of my/our knowledge. I / We also understand that this application will be denied or revoked if the information contained is found to be false or incomplete.

I also authorize a representative of the Northfield Township Assessor and or Board of Review member 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 _____

Spouse Signature _____

IF AN EXEMPTION IS GRANTED, IT WILL BE IN EFFECT FOR THE CURRENT YEAR ONLY.

I / We have received and understand a copy of the POVERTY guidelines.

Applicant Signature _____

Spouse Signature _____

Name of Preparer if other than applicant: _____

TO BE CONSIDERED FOR POVERTY EXEMPTION, COPIES OF THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION. YOU MUST MAKE SURE TO FILE THESE.

- _____ Federal income tax returns.
- _____ Federal income tax return supporting documents.
- _____ State income tax returns.
- _____ Michigan property tax credit form (MI 1040CR)
- _____ Federal & State income tax returns for all other individuals residing in the homestead.
- _____ Eligibility notice from Michigan Department of Social Services for anyone residing in the household.
- _____ Proof of property ownership (deed for property) if requested.
- _____ Other

The above required information must be filed with the Board of Review for the application to be considered by the Board of Review.

WAIVER OF CONFIDENTIALITY

Parcel (Sidwell) Number #: _____

Property Address: _____

I (we), _____, hereby consent to the examination of copies of my income tax returns and related financial documents, including but not limited to those listed below, by the Northfield Township Assessor and or designate agent and by the members of the Northfield Township Board of Review:

Federal Income Tax Returns

Michigan Income Tax Returns

Senior Citizens Homestead Property Tax Form

General Homestead Property Tax Claim Form

Statements from Social Security Administration

Furthermore, I consent to the discussion of the information contained in my income tax returns and related financial documents at a duly convened public meeting of the Northfield Township Board of Review. By signing this Waiver of Confidentiality, I understand and acknowledge that I am forever giving up any and all possible claims I may have relative to the disclosure of information contained in said tax returns and related financial documents, which claims may arise pursuant to Internal Revenue Code Section 6103, and/or any other federal, state or local statute or regulation.

I have read this document in its entirety and sign this document of my own free will.

Dated: _____

Applicant Signature

Spouse / Co-Applicant Signature