

Mussey Township

135 N. Main Street
Capac, MI 48014

Phone 810-395-4915

Fax 810-395-7182

*Michael Lauwers – Supervisor * Sheila McDonald - Clerk * Marsha Libkje – Treasurer*
*Bruce Downey – Trustee * Monica Standel – Trustee*

RESOLUTION:2017-06

GUIDELINE RESOLUTION FOR POVERTY EXEMPTION

WHEREAS, The adoption of guidelines for poverty exemptions is required of the Township Board; and

WHEREAS, The principal residence of persons, who the Supervisor/Assessor and Board of Review determines by reason of poverty to be unable to contribute to the public charge, is eligible for exemption in whole or in part from taxation under Public Act 390 of 1994 (MCL 211.7U); and

WHEREAS, Pursuant to PA 390 of 1994, the Township of MUSSEY, ST.CLAIR County adopts the following guidelines for the Board of Review to implement. The guidelines shall include but not be limited to the specific income and asset levels of the claimant and all persons residing in the household, including any property tax credit returns, filed in the current or immediately preceding year.

To be eligible, a person shall do all the following on an annual basis:

1. Be an owner of and occupy as a principal residence the property for which an exemption is requested.
2. File a claim with the Supervisor/Assessor or Board of Review, accompanied by 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 or a signed State Tax Commission Form 4988, Poverty Exemption Affidavit.
3. File a claim reporting that the combined assets of all persons do not exceed the current guidelines. 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, saving accounts, checking accounts, stocks, bonds, life insurance, retirement funds, etc.
4. Produce a valid Michigan driver's license or other form of identification if requested.
5. Produce, if requested, a deed, land contract, or other evidence of ownership of the property for which an exemption is required.
6. Meet the federal poverty income guidelines as defined and determined annually by the United States Department of Health and Human Services

or alternative guidelines adopted by the governing body providing the alternative guidelines do not provide eligibility requirements less than the federal guidelines.

7. The application for an exemption shall be filed after January 1, but one day prior to the last day of the December Board of Review. The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the right of appeal to the Michigan Tax Tribunal.
8. The Supervisor/ Board of Review will also take into consideration certain household assets: The amount of money the applicant has in checking and saving accounts, with the total not to exceed \$8,000. The owner applicant who is filing for the exemption must have owned the property and been a principal resident for one(1) year prior to requesting a poverty exemption.

The following are the 2017 federal poverty income guidelines which are updated annually by the United States Department of Health and Human Services. The annual allowable income includes income for all persons residing in the principal residence.

The foregoing Resolution office by Board Member Monica Standel
And Supported by Board Member Marsha Libkie

Upon roll call vote, the following voted:

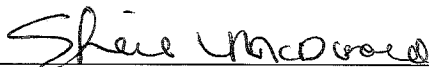
AYES: McDonald, Libkie, Downey, Standel, Lauwers

NAYS: None

ABSENT: None

Be further resolved that this resolution approved this day, August 09, 2017, is properly adopted by the Mussey Township Board of Trustees.

I, Sheila McDonald, the duly elected, qualified Clerk of the Township of Mussey, County of St. Clair, State of Michigan, do hereby certify that the foregoing Resolution was adopted at a regular meeting of the Board of Trustees of the Township of Mussey held on August 09, 2017, at which a quorum was present by roll call vote of said members as herein before set forth; that said Resolution was ordered



Township Clerk, Sheila McDonald

B.O.R. Mar July Dec

parcel number _____

Letter / in person appointment

Name _____

Date _____

Time _____

Petition # _____

Mussey Township
St. Clair County
Poverty Hardship Exemption Application
Tax Year 2017

A DEADLINE

You must complete this application in full and return it, along with a copy of last year's state and federal Income tax returns, with the Michigan Property Homestead Tax credit form (MI-CR) for each person residing in or contributing to the household. If not required to file a federal or state Income Tax Return, a filing exemption affidavit must accompany this application. This form must be returned to the Assessor's Office before the last day of Board of Review.

B. STATEMENT

I _____ being the owner and resident of the property listed below, desire to apply for Tax Relief under MCL 211.7u of the Michigan general Property Tax Act: (the principal residence of persons who, in the judgment of the supervisor and board of review, by reason of poverty, are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation under this act.)

C. PROPERTY ADDRESS

Property Address _____ Parcel number _____

How long have you lived at the above address? _____

Legal Description _____

D. APPLICANT INFORMATION

APPLICANT _____

CO OWNER _____

Date of birth _____

Date of birth _____

Phone Numbers Home (____) _____

Phone Numbers Home (____) _____

Work (____) _____

Work (____) _____

Cell (____) _____

Cell (____) _____

Other contact number: name _____ Phone _____

CURRENT MARITAL STATUS

FOR HOW LONG?

_____ married _____ divorced _____ widowed _____ Separated _____ single _____

APPLICANT STATUS

_____ employed _____ full-time _____ part time

Employer _____

Date of Hire _____

Occupation _____

_____ Retired: date retired _____

Employer _____

_____ Laid off: last date worked _____

Employer _____

_____ Disabled: last date worked _____

Employer _____

Possible return date _____

Cause _____

_____ Not working – How long _____

Reason _____

Describe any disability or health problems _____

SPOUSE OR CO OWNER STATUS

_____ employed _____ full-time _____ part time

Employer _____

Date of Hire _____

Occupation _____

____ Retired: date retired _____

Employer _____

____ Laid off: last date worked _____

Employer _____

____ Disabled: last date worked _____

Employer _____

Possible return date _____

Cause _____

____ Not working – How long _____

Reason _____

Describe any disability or health problems _____

RESIDENT INFORMATION

List all people, not listed above, living in your household. (Attach additional sheet if necessary).

	1	2	3
Full name			
Age			
Dependent	Yes No	Yes No	Yes No
Relationship			
Occupation			
Annual income			
Do they contribute to the household income?	Yes No	Yes No	Yes No
Amount of contribution			

	4	5	6
Full name			

Age				
Dependent	Yes	No	Yes	No
Relationship				
Occupation				
Annual income				
Do they contribute to the household income?	Yes	No	Yes	No
Amount of contribution				

E. ADDITIONAL ASSISTANCE

Does any other person not listed above make any financial contribution to the Household? If yes how much?

Person's Name _____ Monthly Contribution _____

Type of monetary contribution _____ Other _____

F. PROPERTY

Are you and/or your spouse sole owners of the property? _____ yes _____ no

If no list all owners and their percentage of ownership of the property _____

When did you and/or your spouse purchase this Homestead? _____

Is this home paid in full? _____ yes _____ no

If no, how many years are left on the mortgage? _____

If no, how much money is left on the mortgage or land contract? _____

What is your monthly payment? _____ Taxes Included? _____

Are any mortgage payments delinquent? _____ how much? _____

Are any tax payments delinquent? _____ how much? _____

If yes please previous years and amounts of delinquent taxes _____

Have any improvements, changes or additions been made to the property within the last 2 years? _____

_____ If yes please explain _____

Are there any changes or additions that need to be made to the property? -----

-----If yes please explain _____

G. OTHER REAL ESTATE HOLDINGS

Do you, your spouse, or any other person residing in the homestead have a financial interest in any other real estate? _____ If yes please provide the following information concerning that financial interest.

Location-City State	Tax ID or property number	Value of property	Amount of Equity
		\$	\$
		\$	\$
		\$	\$

H. ASSET INFORMATION (must be completed)

What are your current assets; in addition to the real estate noted previously?

Cash	\$
Checking accounts	\$
Savings accounts	\$
CD's money markets	\$
Stocks, bonds, treasury bills	\$
Insurance policy (surrender cash value)	\$
Retirement accounts	\$
Personal property (jewelry old coins, collections)	\$
Other (please explain)	\$

List all motor vehicles in household (whether paid in full or not) including cars, trucks, and recreational vehicles i.e.: boats, motorcycles, motor homes, travel trailers, jet skis, snow mobiles, ATV's, etc. Use additional pages if necessary.

Vehicles: Year Make Model	mileage	Date acquired	Purchase or lease	Purchase price	Balance
Recreation Vehicles: Year Make Model					

I. INCOME INFORMATION

Please list all sources of your personal income on a **monthly** basis.

SOURCE	APPLICANT	SPOUSE
Employment	\$	\$
Social Security	\$	\$
Pension – from	\$	\$
Unemployment / worker compensation	\$	\$
General assistance - type	\$	\$
Child Support / Alimony	\$	\$
Family Support / gifts - from	\$	\$
Interest (taxable & non Taxable); dividends	\$	\$
Rental Income	\$	\$
Other Income _____	\$	\$
Other monetary assistance - source	\$	\$

Has your income significantly changed in the last year? _____ yes _____ no. If yes, please

Explain. _____

Do you receive food stamps, a bridge card or other public assistance? _____ yes _____ no.

Amount \$ _____ per month. Benefits received for: _____

J. EXPENSE INFORMATION

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

House payment	\$
Child care / day care	\$
Taxes on other property	\$
Special Assessments	\$
Home insurance	\$
Car payment #1	\$
Car payment #2	\$
Auto Insurance	\$
Health Insurance (include prescription coverage)	\$
Medical Bills (not covered by insurance)	\$
Prescriptions (not covered by insurance)	\$
Cell Phone	\$
Cable / Satellite	\$
Internet	\$
Utilities: gas, electric, water	\$
Other; (please explain) _____	\$

Have your expenses significantly change in the last year? _____ yes _____ no If yes please

Explain _____

Do you anticipate any major changes in income for the coming year? _____ yes _____ no If yes

please explain _____

Are any household expenses paid for by another party? _____yes _____no ****if **yes**_please provide a statement including exactly what is paid, when how much and by whom.

K. DEBT INFORMATION

Please list any outstanding loans, credit cards and personal debts. (Attach a separate sheet if necessary)

	TO WHOM	FOR WHAT	MONTHLY PAYMENT	BALANCE
1				
2				
3				
4				
5				
6				
7				
8				

Do you expect to sell the homestead for which the tax relief is being sought within the next year?

_____yes _____no / If yes please explain _____

<i>Persons in household</i>	<i>2017 Federal Poverty Level Threshold 100% FPL</i>
1	\$11,880
2	\$16,020
3	\$20,160
4	\$24,300
5	\$28,440
6	\$32,580

7	\$36,730
8	\$40,890

If your family contains more than 8 people add \$4,160 for each additional person.

MUSSEY TOWNSHIP

COUNTY OF ST. CLAIR

STATE OF MICHIGAN

REV:08-09-2017

STC Bulletin No. 12 of 2016
Changes For 2017
October 18, 2016

Size of Family Unit	Poverty Guidelines
1	\$ 11,880
2	\$ 16,020
3	\$ 20,160
4	\$ 24,300
5	\$ 28,440
6	\$ 32,580
7	\$ 36,730
8	\$ 40,890
For each additional person	\$ 4,160

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

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MUSSEY TOWNSHIP

COUNTY OF SAINT CLAIR

STATE OF MICHIGAN

Guidelines for Poverty Hardship Exemption

Section 211.7u(1) of the Michigan General Property Tax Act defines the poverty or hardship exemption as a method to provide relief for those whom in the judgment of the Supervisor and the Board of Review are unable to full contribute to the annual property tax burden of their principal residence due to their financial situation.

In granting Poverty Exemptions, the Township of Mussey and the Board of Review realize that it represents a shift of those property taxes exempted to the other taxpayers of the Township. Poverty Exemptions are intended to assist those who are in a temporarily financial strait; it is **NOT** intended as a permanent or continuous subsidy.

To qualify for a Poverty Exemption, a homeowner must have a Principal Residence Exemption and provide the Assessing Office with all the information listed below or the application **WILL NOT** be considered by the Board of Review.

1. **Written letter stating your hardship**
2. Fully complete the Exemption Form
3. A copy of their Federal income Tax Return (1040 or 1040a)
4. Proof of ownership and residency of the property in which the tax relief is filed on.
 - a. A Driver's license or method of identification
 - b. A deed, land contract or other document of ownership
5. Must meet the Federal Poverty Exemption Guidelines.
6. All financial Institution balances will be taken into account.
 - a. Stocks and bonds
 - b. Life insurance policies
 - c. Vehicles
 - d. Interest income
 - e. Any other assets
7. Gifts and contributions by all persons, living within your household, or not.
8. Extraordinary medical expenses may be taken into consideration.
9. The Board of Review shall follow the guidelines of the local Assessing unit in granting or denying any exemption, unless there are substantial and compelling reasons why there should be a deviation from the guidelines; these reasons shall be communicated in writing.
10. In accordance with PA 360 of 1994, the applicant must meet the "asset guidelines" adopted by the township board.
11. Applicant shall not have ownership interest in any real estate other than their homestead.
12. Applicants shall not have more than \$8,000 in any savings or checking account.

Please be aware that as an applicant of a Poverty Hardship Exemption you must also comply with the following section of the Michigan compiled tax laws: Section 211.118; Perjury: any person, who, under any of the proceedings required or permitted by this act shall willfully swear falsely, will be guilty of perjury and subject to its penalties.

REV: 08-09-2017