

Supervisor's/Treasurer's Initials

POVERTY APPLICANT CHECKLIST

- 2011 FEDERAL INCOME TAX RETURNS
- 2011 STATE OF MICHIGAN INCOME TAX RETURN
- 2011 MI-1040CR, HOMESTEAD PROPERTY TAX CREDIT FORM
- SOCIAL SECURITY ADMINISTRATION STATEMENT OF MONIES PAID
- COMPLETED ASSET SUMMARY WORKSHEET
- Y or N DO YOU OWN THE PROPERTY?
- COMPLETED SIGNED APPLICATION

Applicant Signature _____

Date _____

Petition Number _____

Parcel Number _____

**Charter Township of Lyon
Application For Property Tax Relief**

Pursuant to Section 211.7u
Michigan Compiled Laws

This application must be filled out as carefully and completely as possible. A copy of 2011 Federal Income Tax Returns, with the Michigan Property Homestead Form, must be submitted with this application, for each person residing in the homestead. All information supplied will be kept confidential. Completed forms **MUST** accompany all applications. Applications submitted without completed forms or income tax returns will **NOT** be processed.

CONFIDENTIAL -- RESTRICTED ACCESS

**LYON TOWNSHIP BOARD OF REVIEW
APPLICATION FOR
A REDUCTION IN PROPERTY ASSESSMENT BECAUSE OF
INABILITY TO CONTRIBUTE TO THE PUBLIC CHARGES**

Please complete ALL information requested below:
THE PROPERTY THAT YOU ARE CLAIMING HARDSHIP EXEMPTION FOR **MUST** BE YOUR
HOMESTEAD

PARCEL I.D. NO. _____

OWNERS NAME _____ AGENT (IF ANY) _____
(YOU MAY BE REQUESTED TO PRODUCE IDENTIFICATION)

ADDRESS _____

PHONE (_____) _____

1. AGE _____ SINGLE _____ MARRIED _____ DIVORCED _____ WIDOWED _____
(DATE) (DATE)

2. STATE WHO OWNS THE PROPERTY AND LIST THE NAMES OF **ALL** PERSONS ON ANY DEED
OR LAND
CONTRACT

(YOU MAY BE REQUIRED TO PRODUCE A COPY OF DEED OR LAND CONTRACT)

3. NAMES OF PERSONS IN HOUSEHOLD	AGE	RELATIONSHIP	MONTHLY CONTRIBUTION TO HOUSEHOLD INCOME
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

YOU **MUST** PROVIDE FEDERAL AND MICHIGAN TAX RETURNS FOR **ALL** PERSONS LIVING IN
THE HOUSEHOLD. YOU MUST ALSO PROVIDE A COPY OF YOUR MICHIGAN HOMESTEAD
PROPERTY TAX CREDIT FORM.

4. REAL ESTATE : IS HOME PAID FOR? _____ UNPAID BALANCE _____

INTEREST RATE _____ TERMS _____

HOW LONG HAVE YOU LIVED AT THIS RESIDENCE? _____

DO YOU OWN OR ARE YOU BUYING ANY OTHER PROPERTY? _____

PROPERTY ADDRESS	NAME OF OWNER	ASSESSED VALUE	AMOUNT/DATE LAST TAXES PD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME EARNED FROM ABOVE PROPERTY\$ _____

5. SAVINGS AND INVESTMENTS: LIST ALL SAVINGS OWNED BY YOU OR YOUR SPOUSE, INCLUDING SAVINGS ACCOUNTS, POSTAL SAVINGS, CREDIT UNIONS, CERTIFICATES OF DEPOSIT, CASH, STOCKS, BONDS OR SIMILAR INVESTMENT.

<u>NAME OF FINANCIAL INSTITUTION OR INVESTMENTS</u>	<u>AMOUNT ON DEPOSIT</u>	<u>CURRENT INTEREST RATE</u>	<u>NAME ON ACCOUNT</u>	<u>VALUE OF INVESTMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. LIFE INSURANCE: LIST ALL POLICIES HELD BY YOU AND YOUR SPOUSE.

<u>INSURED</u>	<u>AMOUNT OF POLICY</u>	<u>AMOUNT PAID</u>	<u>PAID UP POLICY</u>	<u>NAME OF BENEFICIARY</u>	<u>RELATIONSHIP TO INSURED</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7. MOTOR VEHICLES IN HOUSEHOLD

<u>MAKE</u>	<u>YEAR</u>	<u>MONTHLY PAYMENTS</u>	<u>BALANCE OWED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. OTHER ASSETS: LIST ALL OTHER ASSETS AND THEIR VALUES THAT ARE OWNED OR CONTROLLED BY YOU. (FOR EXAMPLE BOATS, COIN COLLECTION, ANTIQUES, SILVER)

<u>TYPE OF ASSET</u>	<u>VALUE</u>	<u>INCOME DERIVED FROM ASSETS</u>	<u>OWNER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. PERSONAL DEBTS

<u>CREDITOR</u>	<u>PURPOSE OF DEBT</u>	<u>DATE OF DEBT</u>	<u>ORIGINAL BALANCE</u>	<u>MONTHLY PAYMENT</u>	<u>BALANCE OWED</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. TOTAL MONTHLY INCOME ALL SOURCES

Wages, Salary, Sick Pay, Unemployment, etc. \$ _____
 Net Self-Employment \$ _____
 Pension and Annuity Payments \$ _____
 Social Security or Supplemental Income (SSI) \$ _____
 Child Support or ADC \$ _____
 Other Income (Source) _____ \$ _____

TOTAL MONTHLY INCOME \$ _____

11. MONTHLY EXPENSES

FOOD \$ _____
 ELECTRICITY \$ _____
 HEAT \$ _____
 TELEPHONE \$ _____
 CABLE \$ _____
 MEDICAL/DENTAL \$ _____

LIST THEM _____

LOANS \$ _____

PURPOSE _____

CHARGES
 LIST THEM _____

MEDICAL/DENTAL \$ _____

LIST THEM _____

TOTAL MONTHLY EXPENSES \$ _____

AUTOMOBILE EXPENSES

PAYMENTS \$ _____

GAS/OIL \$ _____

MAINTENANCE \$ _____

INSURANCE PREMIUMS

MEDICAL COVERAGE \$ _____

LIFE \$ _____

AUTOMOBILE \$ _____

HOME
 RESIDENCE \$ _____

MORTGAGE
 PAYMENT \$ _____

LOANS \$ _____

SPECIAL ASSMNTS \$ _____

TAXES \$ _____

12. BALANCE OWED ON HOME \$ _____ INTEREST RATE _____ TERMS _____

13. IF YOU HAVE UNUSUAL EXPENSES SUCH AS HIGH MEDICAL BILLS, ETC., PLEASE LIST BELOW:

<u>DATE INCURRED</u>	<u>TYPE OF INJURY OR ILLNESS</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. DID YOU APPLY FOR A MICHIGAN HOMESTEAD PROPERTY TAX CREDIT LAST YEAR?
YES _____ NO _____

HOW MUCH WAS YOUR HOMESTEAD PROPERTY TAX CREDIT THIS YEAR? _____

YOU MUST BRING WITH YOU A COPY OF THE HOMESTEAD PROPERTY TAX CREDIT CLAIM FORM MI 1040 CR THAT YOU FILED FOR THE PAST YEAR IF YOU HAVE NOT FILED FOR THE CURRENT YEAR YET.

15. PLEASE RELATE ANY OTHER INFORMATION REGARDING YOUR CIRCUMSTANCES THAT YOU WOULD LIKE TO BRING TO THE ATTENTION OF THE BOARD OF REVIEW. USE OTHER SIDE OF FORM IF NECESSARY.

15. IF YOU ARE NOT APPEARING IN PERSON, PLEASE STATE REASON. YOU MUST PROVIDE A DOCTOR'S LETTER IF YOU CANNOT APPEAR IN PERSON.

Reason for Exemption Request

Notice: Any willful misstatements or misrepresentations made on this form may constitute perjury, under the law, is a felony punishable by fine or imprisonment.

Notice: A copy of your latest federal income tax return, state income tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1,2,3, or 4) must be attached as proof of income.

Note: Do not sign until witnessed by the supervisor, assessor, board of review or notary public.

STATE OF MICHIGAN
COUNTY OF _____

The undersigned being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than the mentioned herein.

Petitioner

Subscribed and sworn this _____ day of _____ 20_____

Signature: _____

Assessor, Supervisor, Board of Review Member or Notary Public

This application shall be filed after January 1, but before the day prior to the last day of board of review.

Address: _____

FOR BOARD OF REVIEW USE

Disposition by Board of Review

Date _____

Denied _____ Approved _____ Assessment reduced to _____

Supervisor _____ Chairperson _____

Second Member _____ Third Member _____

Decisions may be appealed to the Michigan Tax Tribunal.

2012 FEDERAL POVERTY GUIDELINES

US Department of Health & Human Services

Size of Family Unit	Poverty Guidelines
1	\$10,900
2	\$14,700
3	\$18,500
4	\$22,400
5	\$26,200
6	\$30,000
7	\$33,800
8	\$37,600
For each additional person, add	\$3,800

OAKLAND COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

2011 INCOME LIMITS
ESTABLISHED BY THE U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT
(Effective 06/01/11)

PERSONS PER HOUSEHOLD	EXTREMELY LOW INCOME (30%)	VERY LOW INCOME (50%)	LOW INCOME (80%)
1	13,950	23,250	37,200
2	15,950	26,600	42,500
3	17,950	29,900	47,800
4	19,900	33,200	53,100
5	21,500	35,900	57,350
6	23,100	38,550	61,600
7	24,700	41,200	65,850
8	26,300	43,850	70,100

ASSET SUMMARY WORKSHEET

DATE:

APPLICANT NAME:

OF RESIDENTS AT THE ADDRESS:

PARCEL NUMBER:

MONTHLY EXPENSES:

House Payment(s)	
House Insurance	
Second Mortgage	
Property Taxes	
Special Assessment	
Utility Bills (List Separately)	
Total Vehicle Payment	
Total Vehicle Insurance	
Health Insurance	
Medical Bills	
Prescriptions	
Loan Payments	
Credit Card Payments	
Child Care	
Food/Clothing	
Home Maintenance	
Lawn Care/Snow Removal	
Other	
Other	
Other	
Other	

ANNUAL EXPENSES

INCOME:

Wages, Salary, Tips	
All Interest & Dividends	
Net Rental Income	
Retirement Pension	
Annuity	
IRA Distributions	
Deferred Comp. (457)	
401/403 Plan	
Capital Gains	
Alimony	
Social Security	
Child Support	
Unemployment & TRA	
Worker's Comp.	
ADC & GA Benefits	
Gambling Winnings (<\$300)	
Cash Gifts (>\$300)	
Insurance Payments	
Other	
Other	
Other	
Other	

ANNUAL INCOME

ASSETS:

Cash & Checking	
Savings & CD's	
Bonds, Stocks	
Insurance Policy	
IRA, Annuity, Keogh, etc	
Mutual Funds	
401/403 Plan	
Deferred Comp. (457)	
*Equity in Primary Residence	
Buildings Other Than Residence	
Car 1	
Car 2	
Recreational Vehicles	
Personal Property (Art, Antiques)	
\$ Received From Sale of Property	
Inheritance	
Medicare/Medicaid/Food Stamps	
Other	
Other	
Other	
Other	

TOTAL ASSETS
 - ASSET ALLOWANCE
 NET ASSETS

FEDERAL INCOME LIMIT

ASSET VALUE LIMIT

*Equity above ___% of house True Cash Value