

Supervisor's/Treasurer's Initials

POVERTY APPLICANT CHECKLIST

- 2017 FEDERAL INCOME TAX RETURNS**
- 2017 STATE OF MICHIGAN INCOME TAX RETURNS**
- 2017 MI-1040CR, HOMESTEAD PROPERTY TAX CREDIT FORM**
- SOCIAL SECURITY ADMINISTRATION STATEMENT OF MONIES PAID**
- COMPLETED ASSET SUMMARY WORKSHEET**
- YES or NO – 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 2017 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 ID # _____

OWNER'S NAME _____ AGENT (IF ANY) _____
(YOU MAY BE REQUESTED TO PRODUCE IDENTIFICATION)

ADDRESS _____

HOME PHONE _____ MOBILE PHONE _____

1. AGE: ____ RELATIONSHIP: 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.	<u>NAMES OF PERSONS IN HOUSEHOLD</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>MONTHLY CONTRIBUTION TO HOUSEHOLD INCOME</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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 ANOTHER PROPERTY? _____

<u>PROPERTY ADDRESS</u>	<u>NAME OF OWNER</u>	<u>ASSESSED VALUE</u>	<u>AMOUNT/DATE LAST TAXES PAID</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 (EXAMPLES: BOATS, COIN COLLECTIONS, 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	\$ _____	<u>AUTOMOBILE EXPENSES</u>	
ELECTRICITY	\$ _____	PAYMENTS	\$ _____
HEAT	\$ _____	GAS/OIL	\$ _____
TELEPHONE	\$ _____	MAINTENANCE	\$ _____
CABLE	\$ _____	<u>INSURANCE PREMIUMS</u>	
MEDICAL/DENTAL	\$ _____	MEDICAL COVERAGE	\$ _____
LIST THEM _____		LIFE	\$ _____
_____		AUTOMOBILE	\$ _____
<u>LOANS</u>	\$ _____	HOME	\$ _____
PURPOSE _____		<u>RESIDENCE</u>	
CHARGES _____		MORTGAGE PAYMENT	\$ _____
MEDICAL/DENTAL	\$ _____	LOANS	\$ _____
LIST THEM _____		SPECIAL ASSESSMENTS	\$ _____
_____		TAXES	\$ _____
TOTAL MONTHLY EXPENSES \$ _____			

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

13. IF YOU HAVE UNUSUAL EXPENSES, SUCH AS HIGH MEDICAL BILLS, 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.

16. 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, which, 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 that mentioned herein.

Petitioner

Subscribed and sworn this _____ day of _____, 20_____

Signature: _____
Supervisor, Assessor, 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 ONLY

Disposition by Board of Review

Date _____

Approved _____ Denied _____ Assessment reduced to _____

Supervisor _____ Chairperson _____

Second Member _____ Third Member _____

Decisions may be appealed to the Michigan Tax Tribunal.

2018 FEDERAL POVERTY GUIDELINES

U.S. Department of Health & Human Services

Persons in Family/Household	Poverty Guideline	125% of Poverty Guideline (OCS/CED)
1	\$12,140	\$15,175
2	\$16,460	\$20,575
3	\$20,780	\$25,975
4	\$25,100	\$31,375
5	\$29,420	\$36,775
6	\$33,740	\$42,175
7	\$38,060	\$47,575
8	\$42,380	\$52,975

For families/households with more than 8 persons, add \$4,320 for each additional person. Then multiply by 1.25 for 125% of Poverty Guidelines (for OCS/CED).

2018 INCOME LIMITS - OAKLAND COUNTY **COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**ESTABLISHED BY THE U.S. DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT (HUD)
(Effective 4/1/18)**

Persons per Household	Extremely Low-Income (30%)	Very Low-Income (50%)	Low-Income (80%)
1	\$14,900	\$24,850	\$39,700
2	\$17,000	\$28,400	\$44,400
3	\$20,780	\$31,950	\$51,050
4	\$25,100	\$34,450	\$56,700
5	\$29,420	\$38,300	\$61,250
6	\$33,740	\$41,150	\$65,800
7	\$38,060	\$44,000	\$70,350
8	\$42,380	\$46,800	\$74,850

ASSET SUMMARY WORKSHEET

(FOR OFFICE USE ONLY)

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 _____	
Other _____	

ANNUAL EXPENSES

Income

Wages, Salary, Tips	
All Interest & Dividends	
Net Rental Income	
Retirement Pension	
Annuity	
IRA Distributions	
Deffered 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 & CDs	
Bonds, Stocks	
Insurance Policy	
IRA, Annuity, Keogh, Etc.	
Mutual Funds	
401/403 Plan	
Deffered 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 _____	
Other _____	

TOTAL ASSETS
ALLSET ALLOWANCE
NET ASSETS

FEDERAL INCOME LIMIT

ASSET VALUE LIMIT

*Equity above ___% of house True Cash Value