

City of Lathrup Village

# Poverty Exemption Application

**REQUIRED ITEMS TO BE ATTACHED TO APPLICATION**  
*For each household member*

- \_\_\_\_\_ Current Federal Income Tax Return
  - \_\_\_\_\_ Current State Income Tax Return (MI-1040)
  - \_\_\_\_\_ Current Homestead Tax Credit Property Claim (MI-1040CR)
  - \_\_\_\_\_ Form 4988-Poverty Affidavit (*if a tax return not filed*)
  - \_\_\_\_\_ Statement of Social Security or MI Social Services monies paid for Previous Year
  - \_\_\_\_\_ Copy of Michigan Driver's License or Michigan Identification Card
- Documentation of all income sources must be provided at application submission.

OFFICE USE ONLY

**PARCEL NUMBER:**

**PETITION NUMBER:**

## City of Lathrup Village Poverty Exemption Application

I, \_\_\_\_\_, the Petitioner, being the owner and residing at the property listed below as my principal residence, apply for property tax relief under MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893. The principal residence of persons who, in the judgement of the 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 per MCL 211.7u (1).

**In order to be considered complete, this application must: 1) be completed in its entirety, 2) include information pertaining to all members residing in the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.**

**PERSONAL INFORMATION:** Petitioner must list all required personal information.

Property Address of Principal Residence:	Daytime Phone Number:	
Age of Petitioner:	Marital Status:	Age and Name of Spouse:
Number of Legal Dependents:	Age of Dependents:	
Applied for Homestead Property Tax Credit (yes or no):	Amount of Homestead Property Tax Credit:	

**LIST ALL PERSONS RESIDING IN THE HOUSEHOLD:** All persons residing in the residence must be listed.

First & Last Name	Age	Relationship to Applicant	Place of Employment	Amount of Monetary Contribution to Family Income

**REAL ESTATE INFORMATION:** List the Real Estate information related to your principal residence. Be prepared to provide a deed, land contract, or other evidence of ownership of the property at the Board of Review meeting.

Property Parcel Code Number:	Name of Mortgage Company:	
Unpaid Balance Owed on Principal Residence:	Monthly Payment:	Length of Time at This Residence:
Property Description:		

**ADDITIONAL REAL PROPERTY INFORMATION:** List information related to any other property you or any household member owns. Real property held in trust for benefit of you or any household member should also be disclosed.

Do you own, or are you buying, other property (yes or no)? _____ <i>If yes, complete the information below.</i>		Amount of Income Earned from Other Property:	
Property Address	Name of Owner(s)	Assessed Value	Amount & Date of Last Taxes Paid
		\$	
		\$	

**EMPLOYMENT INFORMATION:** List the current employment information for you, your spouse, and other household members (attach more sheets if necessary). If you, your spouse, or other household members are a student or unemployed, please state so.

<b>Household member name:</b>	Annual income:
Name of Employer:	Name of Contact Person:
Address of Employer:	Employer Phone Number:
<b>Household member name:</b>	<b>Annual income:</b>
Name of Employer:	Name of Contact Person:
Address of Employer:	Employer Phone Number:
<b>Household member name:</b>	Annual income:
Name of Employer:	Name of Contact Person:
Address of Employer:	Employer Phone Number:
<b>Household member name:</b>	<b>Annual income:</b>
Name of Employer:	Name of Contact Person:
Address of Employer:	Employer Phone Number:

**INCOME INFORMATION:** List all other household income sources for you, your spouse, or any other household members (attach additional sheets if necessary). Income includes, but is not limited to: wages, salaries, tips, interest and dividend income, net business and self-employment income, net royalty or rent income; retirement pension income, annuity benefits, IRA and deferred compensation distributions, Social Security, supplemental security income (SSI), railroad retirement, benefits, unemployment compensation, disability benefits, worker's compensation, veteran's payments, military family assistance, rent assistance, public assistance (excluding food assistance), alimony, child support, foster parent payments, awards, prizes, lottery, bingo or gambling winnings, gifts, scholarships, grants, fellowships, stipends, G.I. Bill benefits, friend or family contributions, payments from charitable or nonprofit organizations, inheritances, life insurance proceeds (excluding proceeds from death of spouse), claims and judgments from lawsuits, and any other

sources of income. An explanation will be required for all household members over the age of 18 years who are not listed as contributing to the household income.

Source of Income	Monthly or Annual Income (indicate which)

**CHECKING, SAVINGS, TRUST, ASSET, INVESTMENT INFORMATION:** List any and all assets owned by you, your spouse, and any other household members, or held in trust for benefit of any household member (attach more sheets if necessary), including by not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposits, cash, stocks, bonds, retirement funds or accounts, time-share units, artworks, antiques, coins, precious metals or stones, jewelry, guns and firearms, tax returns, gifts, loans, trust assets, and other investments or personal property of value.

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment

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

Name of Insured	Amount of Policy	Monthly Payment	Policy Paid in Full	Name of Beneficiary	Relationship to Insured

**MOTOR VEHICLE AND EQUIPMENT INFORMATION:** All motor vehicles (including motorcycles, motor homes, camper trailers, recreational vehicles, ATVs, boats and other watercraft, etc.) and other equipment held or owned by any person residing within the household must be listed.

Make	Year	Monthly Payment	Balance Owed

**PERSONAL DEBT:** All personal debt for all household members must be listed.

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

**MONTHLY EXPENSE INFORMATION:** The amount of monthly expenses related to the principal residence for each category must be listed. Indicate a N/A as necessary.

Heating:	Electric:	Water:
Phone:	Cable:	Food:
Clothing:	Health Insurance:	Garbage:
Daycare:	Car Expense (gas, repair, etc.):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):

*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: Per MCL 211.7u (2b), a copy of all household members' federal income tax returns, state income tax returns (MI-1040) and Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income. If the applicant or the other household members have not filed tax returns, a Form 4988 - Poverty Exemption Affidavit must be completed for each and attached to application. Documentation for all income sources must be provided at time of application.*

I, the undersigned Petitioner, hereby declare that the foregoing information is complete and true and that neither I, nor any household member residing within the principal residency, have money, income or property other than mentioned herein.

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date of Signature

**OAKLAND COUNTY  
2019 HUD INCOME LIMITS**

**ESTABLISHED BY THE U.S. DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT**

(Effective 4/24/19)

<b>PERSONS PER HOUSEHOLD</b>	<b>EXTREMELY LOW INCOME (30%)</b>	<b>VERY LOW INCOME (50%)</b>	<b>LOW INCOME (80%)</b>
1	16,050	26,750	42,750
2	18,350	30,550	48,850
3	21,330	34,350	54,950
4	25,750	38,150	61,050
5	30,170	41,250	65,950
6	34,590	44,300	70,850
7	39,010	47,350	75,750
8	43,430	50,400	80,600

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