

**Exeter Township Application for  
HARDSHIP EXEMPTION FROM TAXES  
2018 Assessment Year**

(Please Print Name)

I, \_\_\_\_\_ (the Petitioner), being the owner of, and residing at, the property listed below as my principal residence, do hereby apply for property tax relief under MCL 211.7u due to reason of poverty. I understand that I must appear before the Board of Review in person or send a representative bearing written authorization to represent me.

PARCEL ID: 58 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PLEASE READ THE INFORMATION BELOW BEFORE PROCEEDING:**

1. Have you filed for a "Michigan Homestead Property Tax Credit" (form 1040CR)? ( ) Yes ( ) No  
If YES, what is the amount of credit for which you qualified? \$ \_\_\_\_\_
2. If the answer to question #1 above is NO, you must file form 1040CR with the State of Michigan before your application can be considered by the Exeter Township Board of Review. (The Board of Review meets in March, July and December.)
3. **ATTACHMENTS:** This application must be filled out in its entirety, including the following attachments:
  - Most recent Federal and State income tax returns for each member of your household.
  - Michigan income tax "Homestead Property Tax Credit" (form 1040CR)
  - Bank statements for last three months.
  - Copy of utility bills for last two months (e.g. heating, electric, phone, water).
  - Documentation of all income sources, including, but not limited to, Wages, Social Security, Pensions, Unemployment Compensation, Worker's Compensation, Disability Pay, Dividends, Alimony, Child Support, Lawsuit Judgments, Reverse Mortgage, Rent.

**1. PERSONAL INFORMATION**

Address of Principal Residence: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Age of Petitioner: \_\_\_\_ Age of Spouse: \_\_\_\_ Ages of dependents living in household: \_\_\_\_\_

**2. REAL ESTATE INFORMATION FOR PRINCIPAL RESIDENCE**

**(Board of Review may require evidence of ownership, such as a deed or land contract.)**

Number of Years Lived at Principal Residence: \_\_\_\_\_ Mortgage Balance Owed: \$ \_\_\_\_\_

Mortgage Company: \_\_\_\_\_ Original Mortgage Amt. \$ \_\_\_\_\_

If you have a mortgage, has an escrow account for taxes been established by the lender? ( ) Yes ( ) No

**3. ADDITIONAL REAL ESTATE INFORMATION**

A. Do you own, or are you buying, property other than your principal residence? ( ) Yes ( ) No

B. If yes, what amount of income is earned from other property? \$ \_\_\_\_\_ /month

City & State where additional property is located: \_\_\_\_\_

**4. MONTHLY INCOME**

**EMPLOYMENT WAGES - (you)**

Employer: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

**EMPLOYMENT WAGES - (your spouse)**

Employer: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

**OTHER INCOME SOURCES (you & your spouse)**

**Including but not limited to:**

Social Security, Pension, Rent, Unemployment Compensation, Workman's Compensation, Disability Pay, Dividends, Alimony, Child Support, Lawsuit Judgments, Reverse Mortgage; Monetary Gift from friend or family.

Source (Type) of Income	Recipient Name	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**INCOME FROM ALL OTHER PERSONS LIVING IN HOUSEHOLD**

Monetary Contribution	First & Last Name	Age	Relationship to Applicant	Place of Employment	Monthly
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

**Board of Review Use Only (Do Not Write in Yellow Section.)**

**INCOME TOTAL (7-10):** \$ \_\_\_\_\_ per month

**X 12 =** \$ \_\_\_\_\_ per year

**5. EXPENSES**

**Monthly Living Expenses:**

- Heating: \$ \_\_\_\_\_ /MO.
- Electric: \$ \_\_\_\_\_ /MO
- Water: \$ \_\_\_\_\_ /MO.
- Food: \$ \_\_\_\_\_ /MO.
- Clothing: \$ \_\_\_\_\_ /MO.
- Phone Bill \$ \_\_\_\_\_ /MO.
- Mortgage: \$ \_\_\_\_\_ /MO.
- Garbage: \$ \_\_\_\_\_ /MO.
- Gasoline: \$ \_\_\_\_\_ /MO.
- Daycare: \$ \_\_\_\_\_ / MO.
- Car Pmt. \$ \_\_\_\_\_ /MO.
- Vehicle Maintenance: \$ \_\_\_\_\_ /MO.
- Vehicle Insurance: \$ \_\_\_\_\_ /MO.
- Home Insurance: \$ \_\_\_\_\_ /MO
- Dental/Medical Insurance: \$ \_\_\_\_\_ /MO.
- Doctor/Dental: \$ \_\_\_\_\_ /MO.
- Medication: \$ \_\_\_\_\_ /MO.

**Personal Debts (Personal Loans; Credit Cards, College loan, etc.):**

<u>Creditor</u>	<u>Purpose of Debt</u>	<u>Original Debt</u>	<u>Bal. Owed</u>	<u>Monthly Pmt.</u>

**(Continue to Section 6 "ASSETS" on next page)**

**Board of Review Use Only (Do not write in yellow section.)**

**EXPENSE TOTAL (Items 8 & 9): \$ \_\_\_\_\_ per month**

**X 12 = \$ \_\_\_\_\_ per year**

**6. ASSETS**

**A. Vehicles (you & your spouse):**

<u>Type of Vehicle (truck/car):</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Do you own Recreational Vehicles (e.g. RV, snowmobile, boat):** ( )Yes ( )No  
**If yes, please list below:**

\_\_\_\_\_  
\_\_\_\_\_

**B. Investments (IRA, 401K, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Savings Account:** (Current Balance): \$ \_\_\_\_\_

**D. Checking Account:** (Current Balance): \$ \_\_\_\_\_

**E. Certificates of Deposit?** ( )Yes ( )No Amount(s): \$ \_\_\_\_\_ \$ \_\_\_\_\_

**F. Do you own more than one home:** ( )Yes ( )No

**G. Do you own any additional parcels of land other than the one on which your principal residence is located?** ( )Yes ( )No

**H. Do you own any rental properties?** ( )Yes ( )No

**I. Do you own any commercial, industrial or rental properties?** ( )Yes ( )No

---

**Board of Review Notes (Do not write in yellow section.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS APPLICATION MUST BE SIGNED IN THE PRESENCE OF ONE OF THE FOLLOWING:**

**TOWNSHIP SUPERVISOR, ASSESSOR, BOARD OF REVIEW MEMBER OR NOTARY PUBLIC.**

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' latest Federal and State income tax returns (including any claims for a Michigan Homestead Property Tax Credit) must be attached to this application as proof of income.

*I, the undersigned petitioner hereby declare that the statements made in the foregoing application are true, and that I have no other money, income, or property other than mentioned herein.*

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Supervisor, Assessor, or BOR Member)

\* If signing in the presence of a NOTARY, the Notary must complete the following:

**Notary Signature:** \_\_\_\_\_

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

My commission expires: \_\_\_\_\_

**FILING DEADLINE**

This application shall be filed at the Township after January 1, 2018, but before the day prior to the last day of the March, July or December 2018 Board of Review. All Board of Review meetings will be held at the Exeter Township Hall, 6158 Scofield Road, Maybee, Michigan 48159.

**RIGHT TO APPEAL**

MARCH Board of Review denials--- may be appealed in writing to the Michigan Tax Tribunal by July 31<sup>st</sup> of the current year.

JULY or DECEMBER Board of Review denials--- may be appealed to the Michigan Tax Tribunal within 35 days of the denial.

A copy of the Board of Review decision must be included with the filing.

Mail appeals to:

The Michigan Tax Tribunal  
P.O. Box 30232  
Lansing, Michigan 48909-7732  
Phone: (517) 373-3003 FAX: (517) 373-1633  
e-mail: taxtrib@michigan.gov

Exeter Township, Monroe County, MI

## INCOME GUIDELINES

### 2018 Hardship Exemption Applications

The income guidelines below represent 133% of the 2018 Federal Poverty Level Thresholds.

<b>Number of Persons Residing in Homestead:</b>	<b><u>Income Threshold:</u></b>
1 person	\$ 16,040
2 persons	\$ 21,599
3 persons	\$ 27,159
4 persons	\$ 32,718
5 persons	\$ 38,277
6 persons	\$ 43,837
7 persons	\$ 49,396
8 persons	\$ 54,956

For each additional person add: \$5,559

Exeter Township, Monroe County, MI

## ASSET GUIDELINES

### 2018 Hardship Exemption Applications

**VEHICLES:** No member of the household shall own more than one vehicle.

**RECREATIONAL VEHICLES:** None allowed

**SAVINGS / CHECKING / INVESTMENTS:** Shall not total more than \$2,000.

**REAL ESTATE:** Applicant must be the owner of no more than one home, and shall not own any parcels of land other than the parcel on which the applicant home is located, and shall not own any commercial, industrial or rental properties.

# DO NOT WRITE ON THIS PAGE

## BOARD OF REVIEW USE ONLY

Did applicant meet income threshold? ( ) Yes ( ) No

Did applicant meet asset guidelines? ( ) Yes ( ) No

\$ \_\_\_\_\_ TOTAL MONTHLY EXPENSES & DEBTS

\$ \_\_\_\_\_ TOTAL MONTHLY INCOME

### PRINCIPAL RESIDENCE

ASSESSED 2018 VALUE: \$ \_\_\_\_\_

TAXABLE 2018 VALUE: \$ \_\_\_\_\_

### DISPOSITION BY BOARD OF REVIEW

The Board of Review shall follow the policies and guidelines of the local assessing unit when granting or denying a poverty exemption. The same standards shall apply to each claimant in the unit for the assessment year, "unless the Board of Review determines there are substantial and compelling reasons why there should be a deviation from the policy and guidelines, and the substantial and compelling reasons are communicated in writing to the claimant."

Property Identification No. \_\_\_\_\_

\_\_\_\_\_ Denied

\_\_\_\_\_ Approved for \_\_\_\_\_ % Exemption

Assessed Value Reduced from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

\_\_\_\_\_ Township Supervisor

\_\_\_\_\_ BOR Chairperson

\_\_\_\_\_ BOR Second Member

\_\_\_\_\_ BOR Third Member

Date: \_\_\_\_\_ Signature of Board of Review Secretary: \_\_\_\_\_

Notes:

---

---

---

---

