

**Charter Township of Chocolay
Poverty Exemption Application (Attachment “B”)**

Pursuant to Section 211.7u
Michigan Compiled Laws

Petition Number _____
Parcel Number: 52-02- ____ - ____ - ____

This application must be filled out carefully and completely. A copy of the current year 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. All applications **MUST** be complete and contain accurate information or they will not be considered. Applications submitted without complete forms or income tax returns will **NOT** be processed.

CONFIDENTIAL - RESTRICTED ACCESS

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Petitioner's Name: _____

Age _____

Phone Number: _____

Address of property for which relief is being sought: _____

Petitioner's Marital Status:

Married How long? _____

Divorced How long? _____

Widow/ Widower How long? _____

Separated How long? _____

Single How long? _____

Employment Status: Please check the applicable box

Employed full time Usual Occupation: _____

Employed part time Employer: (last employer) _____

Unemployed How long? _____

Other, explain _____

Disabled How long? _____

Retired How long? _____

Laid off How long? _____

Describe any disability or health problems you may have:

Spouse's Name: _____

Age: _____

Employment Status: Please check the applicable box

Employed full time Usual Occupation: _____

Employed part time Employer: (last employer) _____

Unemployed How long? _____

Other, explain _____

Disabled How long? _____

Retired How long? _____

Laid off How long? _____

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Describe any disability or health problems he or she may have:

Other persons currently residing in homestead:

Name	Age	Relationship	Employment Status	Employer or School Attending	Dependent? (circle one)	
					yes	no
					yes	no
					yes	no
					yes	no
					yes	no

Does any person listed above or any other people make a financial contribution to the household? _____

If yes, how much does this person contribute each month?

Person's name: _____ Amount \$ _____

Are you and/or your spouse the sole owners of this homestead? _____

If no, who else has interest in this property? _____ Explain: _____

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

What was the purchase price? \$ _____ Have improvements, additions, changes been made to this homestead in the past two (2) years? _____ If yes, explain _____

Is there a mortgage or land contract balance on this property? _____

If yes, what is the payment amount? _____ Does the payment include property taxes? _____

What is the remaining balance due on the mortgage or land contract? _____ When will it be paid off? _____

Are all the outstanding taxes paid? _____ If no explain _____

Did you or your spouse seek property tax relief last year? _____

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Other Real Estate Holdings:

Do you, your spouse or any other persons residing in the homestead have a financial interest in other real estate? _____

If yes, please provide the following information concerning that financial interest.

Location - City & State	Tax ID number of Property	Value of Property	Amount of Equity

Other Assets and Income Data

List all other sources of personal income. Income includes all money coming in to the household from any source or person.

Source	Annual Income	Source	Annual Income
Employment	\$	Pension	\$
Social Security	\$	Unemployment compensation	\$
Workman's Comp	\$	Welfare assistance/ Food stamps	\$
A.D.C	\$	Alimony	\$
Interest & Dividends	\$	Child support	\$
Insurance	\$	Gifts/ other	\$

Household Income

List the total income for each person residing in the household. Attach additional sheets if necessary.

Name	Total income prior year	Total income current year
Petitioner:	\$	\$
Spouse:	\$	\$
Other Person:	\$	\$
Other Person:	\$	\$

Assets - List all assets: MUST be completed:

Asset	Net Value	Asset	Net Value
Cash	\$	Other:	\$
Savings Accounts	\$	Other:	\$
Checking Accounts	\$	Other:	\$
Stocks & Bonds	\$	Other:	\$

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Certificates	\$	Other:	\$
Insurance	\$	Other:	\$

Vehicles - List vehicles members of the homestead own / drive. Include leased vehicles.

Driver or Owner	Year	Make	Model

Do you anticipate any major changes in income for the coming year? _____ If yes, explain below:

Expenses:

Monthly Household:

House Payment	\$	Water	\$	Electricity	\$
Heating- Gas/oil	\$	Telephone	\$	Cable TV	\$

Monthly Medical Expenses:

Persons Name	Relationship	Hospital	Doctor	Prescriptions
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Personal Debts:

Person or Company	Purpose of debt	Date debt incurred	Original amount of debt	Monthly payment	Balance remaining
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

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

Applicants Certification

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I am (We are) unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I have read this application and fully understand the contents thereof. I (we) declare that the statements made herein are complete, true and correct to the best of my (our) knowledge. I (we) further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability. I (we) further understand that if this application is incomplete or I (we) fail to include all sources of income this application will not be considered by the Board of Review and that I (we) conform to the attached income and asset guidelines.

Applicants Signature : _____

Date _____

Spouses Signature : _____

Date _____

Instruction for Applicant Requesting Consideration for a Poverty Exemption

1. Applicants must obtain the proper applications from the Assessor's Office. Handicapped or infirmed applicants may call the Assessor's Office to make necessary arrangements for assistance.
2. Applicants will not be eligible for consideration if they do not meet the Federal Poverty Guidelines.
3. Applicants must be owners of the property and reside therein.
 - a. *Must provide a driver's license or other acceptable methods of identification.*
 - b. *Must produce a deed, land contract or other evidence of ownership if the Assessor requests it.*
4. Applicants must fill out the application form in its entirety and return it, in person, to the Chocolay Township Assessing Office at 5010 US 41 S, Marquette MI, except as noted in item 1 above.
 - a. *Application must not be signed until it is returned*
 - b. *Application must be witnessed by the Assessing Officer or Board of Review Member*
5. All applicants must submit current and prior years copies of the following:
 - a. *Federal Income Tax Return - 1040 or 1040A*
 - b. *State Income Tax Return - MI - 1040*
 - c. *Homestead Property Tax Claim - MI - 1040CR*
6. Applications must be filed with at Assessor between February 1 and the second Monday in March.
7. Applications may be reviewed by the board without the applicant being present. However, the board may request that an applicant be physically present to respond to any questions the board or assessor may have. This means that you may be called in to appear on short notice.
8. You may have to answer questions regarding your financial affairs, your health or the status of people living in your home before the board at a meeting which is open to and will be attended by the public.

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9. Applicants appearing before the board will be administered an oath as follows:

“Do you _____ swear and affirm that the evidence and testimony you will give in your won behalf before the Board of Review is the truth, the whole truth, and nothing but the truth, so help you.”

Applicant responds, “I do” or “I will”.

10. The Supervisor/ Assessor must agree to the boards decision in regards to the disposition of all individual poverty claims or the decision is null and void.

11. Applicants will be evaluated based on:

a. Data submitted to the board by the petitioner

b. Testimony taken from the petitioner and information gathered from any source the board may wish to use

12. The board will also consider all revenue and nonrevenue producing assets owned by the petitioner in its deliberations as to whether relief should be granted

13. The board may only grant property tax relief based on poverty annually.

14. A successful applicant may be subject to personal investigation by the Township. This would be done to verify information submitted or statements made to the Assessor or Board of Review in regard to their poverty tax exemption claim.

15. The assessor may tape record and will keep minutes of all proceedings before the Board of Review and all meetings must be held in a municipal building.

Deliver your application to:

Assessor
Chocolay Township
5010 US 41 S
Marquette, MI 49855

Questions: Please call (906) 249-1448