

POVERTY APPLICATIONS

- Make sure to fill out the entire application.
- Include a copy of your Michigan and Federal 1040 Tax Return filed this year or the previous tax year for all persons living in the household. (If not required to file tax returns, include the poverty exemption affidavit form instead).
- Include a copy of your Michigan Homestead Credit Form (MI-1044-CR)
- Include your Social Security Benefits Statement, if you do not file an income tax return.
- Complete and include Forms 5737 and 5739
(https://www.michigan.gov/taxes/0,4676,7-238-43535_53197-540084--,00.html)
- Include the last 6 months of bank statements for all accounts of all persons in the household.
- Include any unemployment documentation.
- Include termination documentation if you lost your job.
- Include a copy of documentation showing any college or university scholarships or grants, fellowships or assistantships, if anyone in the house receives one.

2025 COMMERCE TOWNSHIP BOARD OF REVIEW
SUPPLEMENT TO APPLICATION FOR
A REDUCTION IN PROPERTY ASSESSMENT BECAUSE OF
INABILITY TO CONTRIBUTE TO THE PUBLIC CHARGES

(Tax relief under MCL 211.7u of the General Property Tax Act)

Please complete ALL information requested below and attach it to your completed state treasury [Form 5737](#), which must be completed together with [Form 5739](#), (if applicable). Be sure to provide ALL information requested on all forms.

THE PROPERTY THAT YOU ARE CLAIMING A POVERTY EXEMPTION
FOR MUST BE YOUR PRINCIPAL RESIDENCE.

1. OWNER OF PROPERTY

NAME OF APPLICANT: _____

-or-

AGENT ACTING ON APPLICANT'S (IF ANY): _____
(YOU MAY BE REQUIRED TO PRODUCE IDENTIFICATION)

APPLICANT'S ADDRESS: _____

PROPERTY PARCEL I.D. NO. _____

NAMES OF ALL PERSONS WHO OWN THE PROPERTY (PERSONS ON THE DEED OR LAND CONTRACT):

ADDRESS OF OWNERS WHO DO NOT RESIDE AT THE PROPERTY: _____

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

DID YOU APPLY FOR A MICHIGAN HOMESTEAD PROPERTY TAX CREDIT LAST TAXABLE YEAR?

YES (Include your MI-1044-CR Form) -or- NO

IF NO, WHY? _____

YOU MUST PROVIDE COMPLETE FEDERAL AND MICHIGAN TAX RETURNS FILED THIS YEAR OR THE PREVIOUS TAX YEAR FOR ALL PERSONS LIVING IN THE HOUSEHOLD, TOGETHER WITH A COPY OF YOUR MOST RECENT MICHIGAN HOMESTEAD PROPERTY TAX CREDIT FORM. IF YOU ARE NOT REQUIRED TO FILE A FEDERAL OR STATE INCOME TAX RETURN IN THE YEAR OR PRECEDING YEAR FOR WHICH YOU ARE CLAIMING THIS EXEMPTION, AN AFFIDAVIT MAY BE ACCEPTED IN ITS PLACE IN THE FORM PROVIDED BY THE STATE TAX COMMISSION. (A COPY OF THE STATE TAX COMMISSION POVERTY EXEMPTION AFFIDAVIT IS ATTACHED, [FORM 4988](#)).

2. TOTAL HOUSEHOLD INCOME (SUPPLEMENT TO FORM 5737)

LIST ALL ADDITIONAL INCOME SOURCES FOR ALL PERSONS IN THE HOUSEHOLD IF NOT ALREADY LISTED ON PART 5 OF FORM 5737:

Source of Income	Monthly or Annual Income (indicate which)

CALCULATE TOTAL MONTHLY INCOME FROM ALL SOURCES \$ _____
(include any income listed on Form 5737 in this total)

3. TOTAL HOUSEHOLD ASSETS (SUPPLEMENT TO FORM 5737)

LIST ALL ADDITIONAL ASSETS OF ALL PERSONS IN THE HOUSEHOLD IF NOT ALREADY LISTED ON PARTS 6, 7, AND 8 OF FORM 5737 (including coin collection, antiques, silver, gold, etc.):

Asset Type	Value

CALCULATE TOTAL VALUE OF ALL ASSETS \$ _____
(include any assets listed on Form 5737 in this total)

WHAT IS THE ASSESSED VALUE OF THE PRINCIPAL HOME? \$ _____

YOU MUST PROVIDE THE PAST 6 MONTHS OF BANK STATEMENTS FOR ALL BANK ACCOUNTS OF ALL PERSONS LIVING IN THE HOUSEHOLD.

4. TOTAL EXPENSES (SUPPLEMENT TO FORM 5737)

LIST ANY ADDITIONAL MONTHLY EXPENSES NOT ALREADY LISTED ON PART 11 OF FORM 5737:

Monthly Expense	Amount

CALCULATE THE TOTAL OF ALL MONTHLY EXPENSES \$ _____
(include any expenses listed on Form 5737 in this total)

5. 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>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

6. PLEASE RELATE ANY OTHER INFORMATION REGARDING YOUR CIRCUMSTANCES, FOR EXAMPLE, PLEASE SUPPLY ALL SUPPORTING DOCUMENTATION TO INCLUDE BUT NOT LIMITED TO: RECENT LOSS OF A JOB, ANY TYPE OF SEVERANCES, MEDICAL, ETC., THAT YOU WOULD LIKE TO BRING TO THE ATTENTION OF THE BOARD OF REVIEW. USE OTHER SIDE OF FORM IF NECESSARY.

7. IF YOU ARE NOT APPEARING IN PERSON, PLEASE STATE REASON:

COMMERCE TOWNSHIP HAS ADOPTED A HARDSHIP EXEMPTION ORDINANCE IN CHAPTER 2, ARTICLE V, DIVISION 5, SECTIONS 2-307 THROUGH 2-312 OF THE CHARTER TOWNSHIP OF COMMERCE CODE OF ORDINANCES. (A COPY OF THIS ORDINANCE IS ATTACHED.) FEDERAL POVERTY INCOME STANDARDS WILL BE USED TO DETERMINE ELIGIBILITY FOR A HARDSHIP EXEMPTION. (A COPY OF THESE STANDARDS IS ATTACHED.)

SIGN YOUR NAME (OWNER) _____
MUST BE SIGNED

AGENT: _____
MUST BE SIGNED PHONE NO.

APPLICANT'S PHONE NUMBER: _____
MUST BE PROVIDED

APPLICANT'S CELL PHONE NUMBER: _____
MUST BE PROVIDED

NOTE: IF A REDUCTION IN PROPERTY TAX ASSESSMENT IS GRANTED, THE REDUCTION IS FOR ONE YEAR ONLY. ASSESSMENTS WILL GO BACK TO THE ACTUAL ASSESSMENT THE FOLLOWING YEAR. IT IS NECESSARY TO APPLY EACH YEAR.

FOR BOARD OF REVIEW USE ONLY

PETITION NO. _____ DATE: _____, 2025

DISPOSITION BY BOARD OF REVIEW _____

_____ EXEMPTION GRANTED IN FULL EQUAL TO 100% REDUCTION IN TAXABLE VALUE

_____ EXEMPTION PARTIALLY GRANTED EQUAL TO 50% REDUCTION IN TAXABLE VALUE

_____ EXEMPTION DENIED

ASSESSMENT CHANGE FROM \$ _____ TO \$ _____

REASON FOR BOARD ACTION: _____

2025 FEDERAL POVERTY GUIDELINES

US Department of Health and Human Services
STC Bulletin 22 of 2023

Size of Family Unit	Poverty Guidelines	
	<u>Federal</u>	<u>Township</u>
1	\$14,580	\$22,590
2	\$19,720	\$30,660
3	\$24,860	\$38,730
4	\$30,000	\$46,800
5	\$35,140	\$54,870
6	\$40,280	\$62,940
7	\$45,420	\$71,010
8	\$50,560	\$79,080
For each additional person	\$5,140	\$8,070

DIVISION 5. - HARDSHIP TAX EXEMPTION

Sec. 2-307. - Statutory authority.

This division is adopted by authority of the provisions of MCL 211.7u, MCL 42.1 et seq. (the Charter Township Act) and MCL 42.20. This division does not apply to the property of a corporation.

(Ord. No. 73-95-0, § 1, 2-14-1995; Ord. No. 1.052, § 2, 3-9-2021)

Sec. 2-308. - Tax exemption eligibility requirements.

(a) *Annual requirements.* A person owning property within the township who, in the judgment of the supervisor and board of review, by reason of poverty, is unable to contribute toward the public charges shall be eligible for an exemption in whole or in part from taxation on their principal residence under section 7u of Public Act No. 206 of 1893, as amended, provided such persons shall meet and do all of the following on an annual basis:

- (1) Own and occupy as a principal residence the property for which an exemption is requested. The person shall affirm this ownership and occupancy status in writing by filing with the township the form(s) prescribed by the state tax commission and any other forms requested by the township.
- (2) File a claim with the board of review on a form prescribed by the state tax commission and provided by the township, accompanied by federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the current year, or if those returns are not yet available, then returns of the immediately preceding year. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year. If a person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year, an affidavit in a form prescribed by the state tax commission may be accepted in place of the federal or state income tax return. The filing of a claim under this subsection constitutes an appearance before the board of review for the purpose of preserving the claimant's right to appeal the decision of the board of review regarding the claim.
- (3) Produce a valid driver license or other form of identification if requested by the supervisor or board of review.
- (4) Produce a deed, land contract, or other evidence of ownership of the property for which an

exemption is requested if required by the supervisor or board of review.

- (5) Meet one and one-half (1.5) times the federal poverty guidelines published in the prior calendar year in the federal register by the U.S. Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902,.
- (6) Provide a transcript of the most recently filed federal income tax return for all persons residing in the principal residence.
- (7) Provide sequential bank statements for the six most recent months for all bank accounts of all persons residing in the principal residence.

(b) *Definitions.* The following words, terms and phrases, when used in this section, shall have the meanings ascribed to them in this subsection, except where the context clearly indicates a different meaning:

Principal residence means the one place where an owner of the property has his or her true, fixed, and permanent home to which, whenever absent, he or she intends to return and that shall continue as a principal residence until another principal residence is established. The term "principal residence" includes only that portion of a dwelling or unit in a multiple-unit dwelling that is subject to ad valorem taxes and that is owned and occupied by an owner of the dwelling or unit. The term "principal residence" also includes all of an owner's unoccupied property classified as residential that is adjoining or contiguous to the dwelling subject to ad valorem taxes and that is owned and occupied by the owner. Contiguity is not broken by a road, a right-of-way, or property purchased or taken under condemnation proceedings by a public utility for power transmission lines if the two parcels separated by the purchased or condemned property were a single parcel prior to the sale or condemnation. Principal residence also includes any portion of a dwelling or unit of an owner that is rented or leased to another person as a residence as long as that portion of the dwelling or unit that is rented or leased is less than 50 percent of the total square footage of living space in that dwelling or unit. Principal residence also includes a life care facility registered under the living care disclosure act, Public Act No. 440 of 1976 (MCL 554.801—554.844). Principal residence also includes property owned by a cooperative housing corporation and occupied by tenant stockholders.

(c) *Guidelines for income level test.* In considering whether a principal residence of a person is eligible for an exemption, the board of review shall consider a person's specific income level as well as the total household income.

- (1) Income shall include, but not necessarily be limited to:
 - a. Money wages and salary before any deductions.
 - b. Net receipts from any non-farm self-employment, these are receipts from a person's own business, professional enterprise or partnership after deductions for business expenses.
 - c. Net receipts from farm self-employment. These are receipts from a farm from which one operates as an owner, renter or share cropper, after deductions for farm operating

expenses.

- d. Regular payments from social security, railroad retirements, unemployment compensation, strike benefits from union funds, workers compensation, veterans payments, public assistance (including aid to families with dependent children, supplemental security income, emergency assistance money payments and non-federally funded general assistance or general relief money payments).
- e. Alimony, child support and military family allotments or other regular support from an absent family member or other family member not living in the household.
- f. Private pensions, government employment pensions (including military retirement pay) and regular insurance or annuity payments.
- g. College or university scholarships or grants, fellowships or assistantships.
- h. Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, net gambling or lottery winnings.

(2) Income shall not include:

- a. Money received from the sale of property such as stocks, bonds, a house or a car unless a person is in the business of selling such property.
- b. Withdrawals of bank deposits and borrowed money.
- c. Tax refunds, gifts, loans, lump-sum inheritances and one time insurance payments.
- d. Food or housing received in lieu of wages and the value of food and fuel produced on farms.
- e. Federal non-cash benefit programs such as Medicare, Medicaid, food stamps and school lunches.

(d) *Guidelines for asset level test.*

(1) In considering whether a principal residence of a person is eligible for an exemption, the board of review shall consider a person's specific asset level as well as total household assets.

Assets shall include:

- a. Real estate and real property, including the principal residence;
- b. Savings owned by a person and his or her spouse including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds or similar investments;
- c. Life insurance held by a person or his or her spouse;
- d. Vehicles, including but not limited to, cars, trucks, RVs, motorcycles, off-road vehicles, snowmobiles, and boats; and
- e. Other assets, including but not limited to, coin collections, antiques, silver, jewelry, and

other collectible items.

- (2) If a person's or the household's total assets exceed \$300,000.00, then the principal residence is not eligible for an exemption under this section.
- (3) If a person's or the household's total assets are \$300,000.00 or less, then the board of review may decide that the principal residence is entitled to a total or partial exemption under this section provided the person and principal residence are otherwise eligible under the other terms and conditions of this section.
- (4) The board of review may utilize two times the taxable value of the principal residence to determine its value if the owner has owned and occupied the principal residence for more than 20 contiguous years.

(Ord. No. 73-95-0, § 2, 2-14-1995; Ord. No. 73-08-2, § 1(2), 3-11-2008; Ord. No. 1.037, § 2, 5-8-2018; Ord. No. 1.052, § 2, 3-9-2021; Ord. No. 1.058, § 2, 1-11-2022)

Sec. 2-309. - Income reduction guideline.

The board of review, in addition to considering the federal poverty income standards, may award an exemption if an applicant's household income is reduced below one and one-half times the federal poverty income standards, by reason of:

- (1) Any expenses relating to illness of the applicant, or other persons residing in the homestead who are claimed as exemptions on the applicant's federal income tax return.
- (2) Any medical expenses incurred and paid by the applicant within the last year without government assistance and which were not covered by insurance.

(Ord. No. 73-95-0, § 3, 2-14-1995; Ord. No. 1.052, § 2, 3-9-2021; Ord. No. 1.058, § 2, 1-11-2022)

Sec. 2-310. - Application deadline.

An application for an exemption pursuant to this division must be filed after January 1, but before the day prior to the last day of the board of review.

(Ord. No. 73-95-0, § 4, 2-14-1995; Ord. No. 1.052, § 2, 3-9-2021)

Sec. 2-311. - Federal poverty income standards.

The assessing department shall make available to all applicants the most recent federal poverty guidelines as defined and determined by the U.S. Department of Health and Human Services.

(Ord. No. 73-95-0, § 5, 2-14-1995; Ord. No. 73-08-2, § 1(5), 3-11-2008; Ord. No. 1.052, § 2, 3-9-2021)

Sec. 2-312. - Exemptions.

The township shall make available to the public and publish on its website its policy and guidelines used for granting exemption under this division. The board of review shall follow the policy and guidelines of this division in granting or denying an exemption.

If a person claiming an exemption under this section is qualified under the eligibility requirements, the board of review shall grant the exemption in whole or in part, as follows:

- (1) A full exemption equal to a 100 percent reduction in taxable value for the tax year in which the exemption is granted.
- (2) A partial exemption equal to a 50 percent reduction in taxable value for the tax year in which the exemption is granted.
- (3) In determining whether to grant a 50 percent or 100 percent exemption, the board of review shall consider all of the following:
 - a. The extent to which an applicant completes the application and provides required application materials.
 - b. The extent to which the applicant has sought assistance from other institutional sources.
 - c. The history of the applicant in seeking the exemption.
 - d. The physical condition of the principal residence.

A person who files a claim under this section is not prohibited from also appealing the assessment on the property for which that claim is made before the board of review in the same year.

(Ord. No. 73-08-2, § 1(6), 3-11-2008; Ord. No. 1.052, § 2, 3-9-2021; Ord. No. 1.058, § 2, 1-11-2022)

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

Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

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

PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information.				
Petitioner's Name			Daytime Phone Number	
Age of Petitioner	Marital Status	Age of Spouse	Number of Legal Dependents	
Property Address of Principal Residence		City	State	ZIP Code
<input type="checkbox"/> Check if applied for Homestead Property Tax Credit		Amount of Homestead Property Tax Credit		
PART 2: 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				
PART 3: ADDITIONAL PROPERTY INFORMATION				
List information related to any other property owned by you or any member residing in the household.				
<input type="checkbox"/> Check if you own, or are buying, other property. If checked, complete the information below.			Amount of Income Earned from other Property	
1	Property Address	City	State	ZIP Code
	Name of Owner(s)	Assessed Value	Date of Last Taxes Paid	Amount of Taxes Paid
2	Property Address	City	State	ZIP Code
	Name of Owner(s)	Assessed Value	Date of Last Taxes Paid	Amount of Taxes Paid

PART 4: EMPLOYMENT INFORMATION — List your current employment information.					
Name of Employer					
Address of Employer		City	State	ZIP Code	
Contact Person		Employer Telephone Number			
PART 5: INCOME SOURCES					
List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income, for all persons residing at the property.					
Source of Income				Monthly or Annual Income (indicate which)	
PART 6: CHECKING, SAVINGS AND INVESTMENT INFORMATION					
List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for all persons residing at the property.					
Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment	
PART 7: LIFE INSURANCE — List all policies held by all household members.					
Name of Insured	Amount of Policy	Monthly Payments	Policy Paid in Full	Name of Beneficiary	Relationship to Insured
PART 8: MOTOR VEHICLE INFORMATION					
All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.					
Make	Year	Monthly Payment	Balance Owed		

PART 9: HOUSEHOLD OCCUPANTS — List all persons living in the household.				
First and Last Name	Age	Relationship to Applicant	Place of Employment	\$ Contribution to Family Income

PART 10: PERSONAL DEBT — List all personal debt for all household members.					
Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

PART 11: MONTHLY EXPENSE INFORMATION			
The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.			
Heating	Electric	Water	Phone
Cable	Food	Clothing	Health Insurance
Garbage	Daycare	Car Expense (gas, repair, etc.)	
Other (type and amount)	Other (type and amount)	Other (type and amount)	
Other (type and amount)	Other (type and amount)	Other (type and amount)	

NOTICE: Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 11: POLICY AND GUIDELINES ACKNOWLEDGMENT

The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.

The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.

PART 12: CERTIFICATION

I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.

Printed Name	Signature	Date

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal
PO Box 30232
Lansing MI 48909

Phone: 517-335-9760
E-mail: taxtrib@michigan.gov

Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION — Enter information for the person owning and occupying the residence.			
Owner Name		Owner Telephone Number	
Mailing Address	City	State	ZIP Code
PART 2: LEGAL DESIGNEE INFORMATION (Complete if applicable.)			
Legal Designee Name		Daytime Telephone Number	
Mailing Address	City	State	ZIP Code
PART 3: HOMESTEAD PROPERTY INFORMATION — Enter information for property in which the exemption is being claimed.			
City or Township (check the appropriate box and enter name) <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village		County	
Name of Local School District			
Parcel Identification Number		Year(s) Exemption Previously Granted by Board of Review	
Homestead Property Address	City	State	ZIP Code
PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (Check all boxes that apply.)			
<input type="checkbox"/> I own the property in which the exemption is being claimed. <input type="checkbox"/> The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home. <input type="checkbox"/> After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or I receive a fixed income solely from public assistance that is not subject to significant annual increases beyond the rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits.			
PART 5: CERTIFICATION			
I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive an exemption from property taxes by reason of poverty pursuant to Michigan Compiled Law, Section 211.7u.			
Owner or Legal Designee Name (print)		Signature of Owner or Legal Designee	Date
Designee must attach a letter of authority.			
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Attach appeal instructions and provide to owner.)		Tax Year(s) exemption will be posted to tax roll	
CERTIFICATION — I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.			
Assessor Signature		Date Certified by Assessor	