

Charter Township of Brownstown



21313 TELEGRAPH ROAD
BROWNSTOWN, MICHIGAN 48183-1399
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2015 HARDSHIP EXEMPTION GUIDELINES

ELIGIBILITY REQUIREMENTS OF BROWNSTOWN CHARTER TOWNSHIP, WAYNE COUNTY

To be eligible, a person shall do all of the following on an annual basis:

- 1) Be an owner and occupy as a principal residence the property for which an exemption is requested.
- 2) File a claim with the Supervisor or Board of Review, accompanied by federal and state income tax returns for all persons residing in the homestead, including any property tax credit returns filed in the immediately preceding year or in the current year.
- 3) Produce a valid driver's license or other form of identification, if requested.
- 4) If requested, produce a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
- 5) Meet the eligibility poverty income guidelines and asset level test listed below.
- 6) The application for an exemption shall be filed after January 1, but before the day prior to the last day of the Board of Review. The last day of the Board of Review is the Tuesday following the second Monday in the month of December.
- 7) Any additional eligibility requirements as determined by the Township Board.

The governing body of the local assessing unit has the option of considering the age of the resident(s) when establishing their guidelines. This provision applies only when one or two persons reside in the homestead, because there is no age-related threshold for three or more persons in the homestead.

Guidelines apply to the household income in the prior year. Applicants will not be eligible for consideration if they do not meet the following eligibility poverty income guidelines as of 12/31/2014:

<u>Number of persons residing in homestead</u>	<u>Annual allowable income</u>
1 person	\$22,200/year or less
2 persons	\$26,230/year or less
3 persons	\$30,260/year or less
4 persons	\$34,290/year or less
5 persons	\$38,320/year or less
*** For each additional family member	Add \$4,030/year

Asset Test: In addition to meeting income guidelines, the applicant(s) may not own than \$25,000 in assets, excluding the value of the homestead and primary vehicle(s).

Note: If the amount of household vehicles exceeds the amount of employed individuals in the home, the value of the least valuable vehicle(s) in excess will be included as income.

OTHER ASSETS: List all other assets and their values that are owned or controlled by you. (For example, boats RV's, coin collections, antiques, silver, classic cars, valuable art work, etc.)

Type of Asset	Value	Income Derived from Assets	Other

NOTICE: Any willful misstatements 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 CR 1, 2, 3 or 4) must be attached as proof of income. Documentation for all income sources including, but not limited to, credits, claims, Social Security income, child support, alimony income, and all other sources must be provided at the time of application.

Petitioners: Do not sign the application until witnessed by the Supervisor, Assessor or employee of the Assessor's office, Board of Review or Notary Public.

STATE OF MICHIGAN
 COUNTY OF _____

I (we), the undersigned Petitioner, hereby declare that the foregoing information is complete and true I (we) am unable to pay the full property taxes by reason of poverty 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 (we) 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 and that neither I, nor any household member residing within the principal residency, have money, income or property other than mentioned herein. 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 and tax roll with penalties and interest incurred on the additional tax liability. I (we) further understand that if this application is incomplete or if I (we) failed to include all sources of income and assets of the entire household, this application will not be considered by the Board of Review.

Petitioner(s) Signature: _____

Subscribed and sworn this _____ day _____, 20 _____

Signature of Assessor or other authorized party: _____

This application shall be filed after January 1, but before the day prior to the last day of March, July, or December Board of Review to the address below:

Board of Review
 Brownstown Township
 21313 Telegraph Road
 Brownstown, MI 48183

HARDSHIP EXEMPTION APPLICATION

I, _____, Petitioner, being the owner and residing at the property that is 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 judgment of the township supervisor or city assessor and board of review, by reason of poverty are unable to contribute toward the public charges in 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 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.

PERSONAL INFORMATION: Petitioner must list all required personal information.

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

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 BOR meeting.

Property Parcel Code Number:	Name of Mortgage Company:	
Unpaid Balance Owed on Principal Residence:	Monthly Payment:	Length of Time at This Residence:
Legal Description:		
Renovations or improvements made to the property in the last 24 months:		

ADDITIONAL PROPERTY INFORMATION: List information related to any other property you, or any household member owns.

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

EMPLOYMENT INFORMATION: List your current employment information.

Name of Employer:	Name of Contact Person:
Address of Employers:	Employer Phone Number:

List all income sources, including but not limited to: salaries, Social Security, rents pensions, IRA's (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.

Source of Income	Monthly or Annual Income (indicate which)

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, certificated of deposit, cash, stocks, bonds, or similar investments.

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 INFORMATION: All motor vehicles (including motorcycles, motor homes, camper trailer, etc.) held or owned by any person residing within the household must be listed.

Make or Model	Year & Mileage	Monthly Payment	Balance Owed

LIST ALL PERSONS LIVING IN HOUSEHOLD: All persons residing in residence must be listed.

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

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 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):