



CITY OF ZEELAND 2021 POVERTY EXEMPTION POLICY

(POLICY GUIDELINE VALUES ARE UPDATED TO REFLECT GUIDELINES ISSUED
OCTOBER 20, 2020, BY MICHIGAN DEPARTMENT OF TREASURY BULLETIN NO. 17)

1. Applicant(s) must be the owner(s) of, and occupant of, the home for which the exemption is being sought. Proof of ownership and residency will be required (deed or land contract, and driver's license/state ID or voter's registration card).
2. Applicant(s) will not be eligible for consideration unless they meet the following adopted guidelines, which include **ALL** individuals currently residing in the household, as well as **ANY** co-owners who are not residing in the homestead:

INCOME LIMITATIONS

The following are the federal poverty income guidelines which the United States Office of Management and Budget recommends that federal departments and agencies use. The standards are actually issued by the Department of Health and Human Services and are referred to as "poverty guidelines." The following are the poverty guidelines as of December 31, 2020, for use in setting poverty exemption guidelines for 2021 assessments.

NO. OF PERSONS AND CO-OWNERS	ANNUAL INCOME
1 person	\$12,760
2 persons	\$17,240
3 persons	\$21,720
4 persons	\$26,200
5 persons	\$30,680
6 persons	\$35,160
7 persons	\$39,640
8 persons	\$44,120
For each additional person, add	\$ 4,480

P.A. 135 OF 2012 CHANGED THE REQUIREMENTS FOR FILING DOCUMENTATION IN SUPPORT OF A POVERTY EXEMPTION TO ALLOW AN AFFIDAVIT (TREASURY FORM 4988) TO BE FILED FOR ALL PERSONS RESIDING THE RESIDENCE WHO WERE NOT REQUIRE TO FILE FEDERAL OR STATE INCOME TAX RETURNS IN THE CURRENT YEAR OR IN THE IMMEDIATELY PRECEDING YEAR. THIS DOES INCLUDE THE OWNER OF THE PROPERTY WHO IS FILING FOR THE EXEMPTION.

FOR PURPOSES OF THE INCOME LIMITATIONS, ANNUAL INCOME WILL INCLUDE ANNUAL INCOME OF THE APPLICANT(S), ANY PERSON(S) RESIDING IN THE HOMESTEAD, AND ANY CO-OWNER(S) WHO ARE NOT RESIDING IN THE HOMESTEAD. THE APPLICANT(S), ANY PERSON(S) RESIDING IN THE HOMESTEAD AND ANY CO-OWNER(S) WILL EACH BE CONSIDERED ONE PERSON. ANNUAL INCOME IS DEFINED AS HOUSEHOLD INCOME, BEING BOTH TAXABLE AND EXEMPT INCOME FROM ALL AND EVERY SOURCE.

ASSET LIMITATIONS

For purposes of calculating an applicant(s)' combined assets, the homestead for which the exemption is being sought will not be included.

NO. OF PERSONS AND CO-OWNERS	COMBINED ASSETS
1 person	\$12,760
2 persons	\$17,240
3 persons	\$21,720
4 persons	\$26,200
5+ persons	\$30,680

FOR PURPOSES OF THE ASSET LIMITATIONS, COMBINED ASSETS WILL INCLUDE ASSETS OF THE APPLICANT(S), ANY PERSON(S) RESIDING IN THE HOMESTEAD, AND ANY CO-OWNER(S) WHO ARE NOT RESIDING IN THE HOMESTEAD. THE APPLICANT(S), ANY PERSON(S) RESIDING IN THE HOMESTEAD, AND ANY CO-OWNER(S) WILL EACH BE CONSIDERED ONE (1) PERSON FOR CALCULATING THE COMBINED ASSET AMOUNTS. FOR EXAMPLE, IF AN APPLICANT AND TWO (2) CO-OWNERS APPLY, THE ASSET LIMITATION OF THREE (3) PERSONS WILL APPLY IN THE AMOUNT OF \$21,720. EACH YEAR, AFTER DECEMBER 31, 2016, IF ADJUSTMENTS ARE MADE IN THE POVERTY INCOME GUIDELINES BY THE DEPARTMENT OF HEALTH & HUMAN SERVICES, THE ASSET LIMITATION SHALL BE ADJUSTED TO REFLECT SIMILAR ASSET LIMITATIONS FOR OWNERS, CO-OWNERS, AND PERSONS RESIDING IN THE HOMESTEAD INDICATED ABOVE.

LONGEVITY LIMITATIONS

A Poverty Exemption may only be granted for the **Current Tax Year**. To obtain a Poverty Exemption for the following tax year, the applicant(s) must repeat the application process.

3. Other factors that are pertinent to the granting of the exemption could be considered. If the Board determines that there are substantial and compelling reasons why there should be a deviation from the guidelines, they may approve or deny relief beyond the stated guidelines. Such substantial and compelling reasons shall be communicated in writing to the applicant(s).
4. All applicant(s) must obtain the proper application from the Assessor's Office, complete the entire application, attach all documentation requested (see below), and sign the application.
5. All applicant(s) must appear before the Board of Review in person, unless a written medical excuse is provided by their doctor at the time their application is submitted.

6. **ALL** applicant(s) will supply copies of the following documents for each individual currently residing in the household as well as any co-owners who are not residing in the household:
 - A. Homestead Property Tax Credit Claim (Mi-1040cr or 1040cr-2).
 - B. Michigan Income Tax Return (Mi-1040).
 - C. Federal Income Tax Return (Federal 1040 or 1040a).
 - D. W-2 Forms.
 - E. Interest Income Statements.
 - F. Dividend Income Statements.
 - G. Social Security Benefit Statements.
 - H. Pension Benefit Statements.
 - I. SSE Benefit Statements.
 - J. Workmen's Compensation Benefit Statements.
 - K. Public Assistance Benefit Statements.
 - L. General Assistance Benefit Statements.
 - M. ADC Benefit Statements.
 - N. Child Support Documentation.
 - O. Alimony Documentation.
7. **ALL** applicant(s) will be evaluated based on data submitted and testimony given, along with information gathered from any source the Board chooses.
8. Any successful applicant may be subject to investigation of their financial and property records by the City. This investigation will be performed to verify information used to support the applicant's poverty claim.
9. Information and documents submitted to the Board of Review in support of an application for a poverty exemption shall be kept confidential, to the maximum extent permitted by law.

POVERTY EXEMPTION AFFIDAVIT

THIS FORM IS ISSUED UNDER AUTHORITY OF PUBLIC ACT 206 OF 1893; MCL 211.7U.

INSTRUCTIONS: When complete, this document must accompany a taxpayer's Application for Poverty Exemption filed with 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 to 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.

Address: _____

Petitioner Signature **Date**

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.

By signing below you swear and affirm that you 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, you were not required to file a Federal or State Income Tax Return.

Print Name **Signature** **Date**

Print Name **Signature** **Date**

Print Name **Signature** **Date**

Print Name **Signature** **Date**

Print Name **Signature** **Date**



CITY OF ZEELAND 2021 POVERTY 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 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 regarding all members residing within the household, and 3) include all required documentation as listed within the application and policy. Please write legibly and attach additional pages as necessary.

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

Name of Petitioner:	Name of Spouse:
Petitioner Date of Birth:	Spouse Date of Birth:
Phone Number:	Number of Legal Dependents:

REAL ESTATE INFORMATION: List the Real Estate information related to your principal residence. **ALL related documents MUST be attached.**

Property Address:	Parcel Number:	
2020 Assessed Value:	2020 Taxable Value:	
2021 Assessed Value:	2021 Taxable Value:	
School District:	2020 Taxes:	
Balance Owed on Principal Residence:	Monthly Payment:	Length of Time at Residence:
Applied for Homestead Property Tax Credit (Yes or No):	Amount of Homestead Property Tax Credit:	

ADDITIONAL PROPERTY INFORMATION: List information related to any other property you OR any household member owns. **ALL related documents MUST be attached.**

Do you own, or are you 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)	2020 Assessed Value	Amount of 2020 Taxes

EMPLOYMENT INFORMATION: List current employment information.

Employment Status:	Name of Employer:
Name of Contact Person:	Phone Number:
Address of Employer:	

INCOME INFORMATION: 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, Federal Income Tax Returns, State Income Tax Returns (MI-1040). **ALL related documents MUST be attached.**

Source of Income	Monthly or Annual Income (Indicate Which)	Total Annual Amount
TOTAL		

CHECKING, SAVINGS, AND INVESTMENT INFORMATION: List **ALL** assets for **ALL** household members, including but not limited to: cash, checking accounts, savings accounts, credit union shares, certificates of deposit, stocks, bonds. **ALL related documents MUST be attached.**

Name of Financial Institution or Investment	Name on Account	Current Interest Rate	Value of Investment
TOTAL			

LIFE INSURANCE: List **ALL** policies held by **ALL** household members. **ALL related documents MUST be attached.**

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

MOTOR VEHICLE INFORMATION: Motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by **ANY** person residing within the household must be listed.

Make and Model	Year	Monthly Payment	Balance Owed
TOTAL			

LIST ALL PERSONS LIVING IN HOUSEHOLD: List **ALL** persons residing in the residence.

First and Last Name	Age	Relationship to Applicant	Place of Employment	Amount of Monetary Contribution to Household Income

PERSONAL DEBT: List **ALL** personal debt for **ALL** household members. **ALL related documents MUST be attached.**

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

MONTHLY EXPENSE INFORMATION: The amount of monthly expenses related to the Principal Residence for each category must be listed. Indicate N/A as necessary. **ALL related documents MUST be attached.**

Heating:	Electric:	Water:
Phone:	Cable:	Food:
Clothing:	Health Insurance:	Garbage:
Daycare:	Car Expenses (Gas, Repair, etc.):	Other (List Type):
Other (List Type):	Other (List Type):	Other (List Type):

IMPORTANT

- Please be sure to sign, and have your signature(s) notarized (notary available in Clerks Office)
- All applicants **MUST** appear at a board of review in person, unless a written medical excuse is provided by their doctor.
- Board of review dates:
 - March 8th & 9th, 2021
 - July 20th, 2021
 - December 14th, 2021
- **It is recommended that applicant attend the March Board of Review to avoid receiving a tax bill, if applicant is unable to attend the March Board of Review a tax bill will be issued and is due by payment deadline, reimbursement will then occur upon attendance and approval of the board of review.**

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.

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 Signature

Date