

# CITY OF ZEELAND 2024 POVERTY EXEMPTION POLICY

(POLICY GUIDELINES ARE UPDATED TO REFLECT GUIDELINES ISSUED NOV. 14, 2023, BY MICHIGAN DEPARTMENT OF TREASURY BULLETIN NO. 18)

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

- 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, 2023, for use in setting poverty exemption guidelines for 2024 assessments.

NO. OF PERSONS AND CO-OWNERS	ANNUAL INCOME
1 person	\$14,580
2 persons	\$19,720
3 persons	\$24,860
4 persons	\$30,000
5 persons	\$35,140
6 persons	\$40,280
7 persons	\$45,420
8 persons	\$50,560
For each additional person, add	\$ 5,140

P.A. 135 FF 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 at the residence who were not required to file federal or state income tax returns in the current year or in the immediately preceding year.

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 person(s) residing in the homestead, and any co-owner(s) who are not resding in the homestead. The applicant(s), any person(s) residing in the homestaed 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.

Phone: (616)772-0872

Email: assessor@cityofzeeland.com

#### ASSET LIMITATIONS

In addition, the total household assets (i.e. bank accounts, other real property, boats, campers, stocks, bonds, IRA's, other assets in or out of the United States, etc.) **SHALL NOT exceed \$15,000**. Verification of additional assets will be done for all parties and household members applying for property tax assistance. Information not provided by applicant that is discovered by the Board of Review may cause your application to be denied. If you have assets totaling more than \$15,000, explain your special circumstances and why your application should be approved despite your assets.

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

#### 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. 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.
- 8. 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.

tax exemption on the inability to contribute exemption to be prov Returns for all person an affidavit for all per	e principal residence of an owner toward the public charges. MCL yided to the board of review by as residing in the principal residence	MCL 211.7u provides for a whole or partial property of the property by reason of poverty and the 211.7u (2) (b) requires proof of eligibility for the supplying copies of Federal and State Income Tax be, including Property Tax Credit Returns, or by filing to were not required to file Federal or State Income
	, swear and affirm by my s bject of this Application for Poverty	signature below that I reside in the principal Exemption.
Address:		
Petitioner Signature	Date	
	SIDING IN THE RESIDENCE WHO W S FOR THE CURRENT OR PRECEDII	ERE NOT REQUIRED TO FILE FEDERAL OR STATE NG TAX YEAR.
Application for Poverty		e principal residence that is the subject of this ax year and the preceding tax year, you were not
Print Name	Signature	Date
Print Name	 Signature	

**INSTRUCTIONS:** When complete, this document must accompany a taxpayer's Application for Poverty Exemption

## **IMPORTANT**

- 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:
  - o March 11th & 12th, 2024
  - o July 16th, 2024
  - o December 10th, 2024
- 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.

# **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	f Petitioner	Marital Status		Age of Spouse	N	lumber of Legal	Dependents	
Prope	rty Address of Principal Residence			City State ZIP Code				
	Check if applied for Ho	mestead Pr	roperty Tax Credit	Amount of Homestead Prope	rty Tax Credit			
PAR	T 2: REAL ESTATE INF	ORMATIO	N					
evid	the real estate information				to provide	a deed, lan	d contract or other	
Prope	rty Parcel Code Number			Name of Mortgage Company				
Unpaid	d Balance Owed on Principal Resic	lence	Monthly Payment		Length of Tin	ne at this Reside	ence	
PART 3: ADDITIONAL PROPERTY INFORMATION								
List information related to any other property owned by you or any member residing in the household.								
Check if you own, or are buying, other property. If checked, complete information below.			ecked, complete the	Amount of Income Earned from other Property				
	Property Address			City		State	ZIP Code	
1	Name of Owner(s)			Assessed Value	Date of Last	Taxes Paid	Amount of Taxes Paid	
	Property Address			City		State	ZIP Code	
2	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 I	Number				
PART 5: INCOME SOURCE	CES								
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 o	of Income			Мо	nthly or Ar (indicate	inual Income which)		
				,					
PART 6: CHECKING, SA	VINGS AND I	INVESTMENT IN	FORMATION	ON					
List any and all savings accounts, postal savings, persons residing at the pr	credit union								
Name of Financial Institution Amount Current or Investments on Deposit Interest Rate Name on Account						ount	Value of Investment		
PART 7: LIFE INSURANCE	E — List all p	policies held by a	III househol	d memb	ers.				
Name of Insured	Amount o	of Monthly Payments				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	Year		Monthly Payment		Balance Owed			

PART 9: HOUSEHOLD OC	CUPANTS -	<ul><li>List all per</li></ul>	ersons li	ving i	n the househo	old.			
First and Last Name			Age		Relationship to Applicant P		lace of Employment		\$ Contribution to Family Income
			-3-						,
PART 10: PERSONAL DEI	BT — List all	personal d	lebt for a	all hou	usehold memb	ers.			
Creditor	Purpose (	of Dobt	Dat of De		Original Pak	ones M	ont	hly Boymont	Balance Owed
Creditor	ruipose	oi Dent	OI DE	שנ	Original Bal	arice ivi	OIIL	iny Fayineiii	Balance Oweu
PART 11: MONTHLY EXPENSE INFORMATION									
The amount of monthly ex necessary.	penses relat	ed to the p	orincipal	resid	ence for each	catego	ory r	must be listed	d. Indicate N/A as
Heating	Electric				Water		Phone		
Cable	Food				Clothing		Health Insurance		
Garbage Daycare						Car E	Car Expense (gas, repair, etc.)		
Other (type and amount)  Other (type and amount)			nd amount)			Other	Other (type and amount)		
Other (type and amount)  Other (type			and amount)			Other	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