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CITY OF ZEELAND 2025 POVERTY EXEMPTION POLICY

(POLICY GUIDELINES ARE UPDATED TO REFLECT GUIDELINES ISSUED NOV. 19, 2024, BY MICHIGAN DEPARTMENT OF TREASURY BULLETIN NO. 17)

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, 2024, for use in setting poverty exemption guidelines for 2025 assessments.

NO. OF PERSONS AND CO-OWNERS	ANNUAL INCOME
1 person	\$15,060
2 persons	\$20,440
3 persons	\$25,820
4 persons	\$31,200
5 persons	\$36,580
6 persons	\$41,960
7 persons	\$47,340
8 persons	\$52,720
For each additional person, add	\$ 5,380

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.

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.

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. 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.
- 4. 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.
- 5. As applicable, 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.
- 6. 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.
- 7. 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.

Application for Poverty		Date Date Date Date
Application for Poverty required to file a Feder Print Name Print Name	y Exemption and that for the current tax ral or State Income Tax Return. Signature Signature	Date Date
Application for Poverty required to file a Feder Print Name	y Exemption and that for the current tax ral or State Income Tax Return. Signature	vear and the preceding tax year, you were not Date
Application for Poverty required to file a Feder	y Exemption and that for the current tax ral or State Income Tax Return.	year and the preceding tax year, you were not
Application for Poverty	y Exemption and that for the current tax	
	Date ESIDING IN THE RESIDENCE WHO WEINS FOR THE CURRENT OR PRECEDING	RE NOT REQUIRED TO FILE FEDERAL OR STATE TAX YEAR.
Address:		
	, swear and affirm by my sig ubject of this Application for Poverty Ex	gnature below that I reside in the principal emption.
an affidavit for all pe Tax Returns for the co	urrent or preceding tax year.	

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 10th & 11th, 2025
 - o July 22nd, 2025
 - o December 9th, 2025
- 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	Petitioner	Marital Status		Age of Spouse	Dependents				
Proper	ty Address of Principal Residence			City State ZIP Code					
Check if applied for Homestead Property Tax Credit Amount of Homestead Property Tax Credit									
PAR	T 2: REAL ESTATE INF	ORMATIO	N						
	the real estate information ence of ownership of the				to provide	a de	eed, land	d contract or other	
Proper	ty Parcel Code Number			Name of Mortgage Company	42				
Unpaid	Balance Owed on Principal Resid	lence	Monthly Payment		nce				
	Property Description								
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.					Amount of Income Earned from other Property				
	Property Address			City			State	ZIP Code	
1	Name of Owner(s)			Assessed Value	Date of Las	st Taxe	s Paid	Amount of Taxes Paid	
	Property Address			City	000		State	ZIP Code	
2	Name of Owner(s)			Assessed Value	Date of Las	st Taxes	s 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	Employer Telephone Number					
PART 5: INCOME SOUR	CES									
List all income sources, in accounts), unemployment judgments from lawsuits, income, for all persons res	compensat alimony, chi	ion, c ild su	lisability, gove pport, friend	ernment pe	nsions, v	worker'	s compensa	tion, divi	dends, claims and	
Source of Income Monthly or Annual Inc										
PART 6: CHECKING, SAV	/INGS AND	INV	ESTMENT IN	FORMATION	NC					
List any and all savings accounts, postal savings, persons residing at the pr	credit union									
			Amount n Deposit	Current Interest Ra		Nam	Name on Account		Value of Investment	
PART 7: LIFE INSURANCE	E — List all	l polic	cies held by a	II househol	d memb	oers.				
Name of Insured	Amount Policy		Monthly Payments	_	Paid in ull			Relationship to Insured		
PART 8: MOTOR VEHICL	E INFORM	ATIO	N							
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 Pa		Payment Ba		alance Owed	
			. 541		5	-		Dalatio Office		

PART 9: HOUSEHOLD O	CCUPANTS -	List all per	ersons li	ving i	n the househ	old.				
First and Last Name		Age		Relationship to Applicant P		Plac	e of I	Employment	\$ Contribution to Family Income	
Timet annu Bust		,	.50		Дричин	1 100			- r anning meetine	
PART 10: PERSONAL DE	BT — List all	personal d	lebt for a	all hou	usehold mem	bers.				
Creditor	Purpose (of Debt	Dat of De		Original Ba	lance	Mont	hly Payment	Balance Owed	
Oroanor	T di poco	01 2001	0. 50		original Ba	111100		any raymone	Dalaillo Gwod	
PART 11: MONTHLY EXP	ENSE INFOR	RMATION								
The amount of monthly exnecessary.	xpenses relat	ed to the p	orincipal	resid	ence for eac	ch cate	egory	must be listed	d. Indicate N/A as	
Heating	Electric				Water			Phone		
Cable	Food			Clothing				Health Insurance		
Garbage	•	Daycare	'			С	Car Expense (gas, repair, etc.)			
Other (type and amount)		Other (type an	pe and amount)			0	Other (type and amount)			
Other (type and amount) Other			/pe and amount)			0	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					
used for the granting of exemptions under MCL2 the federal poverty guidelines published in the pri of Health and Human Services under its authorit adopted by the governing body of the local asseligibility requirements less than the federal guithe specific income and asset levels of the claim	hall determine and make available to the public the 211.7u. In order to be eligible for the exemption, the calendar year in the Federal Register by the Unity to revise the poverty line under 42 USC 9902, clessing unit so long as the alternative guidelines delines. The policy and guidelines must include ant and total household income and assets. The guidelines adopted by the local assessing unit	ne applicant must meet ited States Department or alternative guidelines do not provide income but are not limited to, combined assets of all			
	e policy and guidelines adopted by the city or t mant and total household income and assets.	ownship, including the			
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

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