

Covert Township
POVERTY EXEMPTION APPLICATION
2015

I, _____, being the owner and resident of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act. (The real and personal property of person(s) who, in the judgment of the supervisor and board of review, by reason of poverty are unable to contribute toward the public charges, are exempt from taxation under this act.)

PROPERTY TAX CODE: _____

Property Description: _____

PROPERTY ADDRESS: _____ # of Years @ this address _____

Is this property jointly owned: _____ Listed Joint Owner(s): _____
Joint Owners must also complete an Income Information separately

Marital Status: _____ Phone () _____

Age of Applicant: _____ Age of Spouse: _____ Name of Spouse: _____

Number of Dependents: _____ Age(s) of Dependents: _____

Have you applied for a Homestead Property Tax Credit this Year? _____ Amount _____

ATTACH COPY OF 1040 CR AND FEDERAL OR STATE INCOME TAX RETURN FOR THE CURRENT YEAR IF REQUIRED TO FILE. THIS IS REQUIRED BY LAW!

Is the house paid for? _____ Unpaid Balance _____ Monthly Payments _____

Name of Mortgage Company: _____ Account # _____

Address & Phone Number _____

Do you own or are you buying any other property? If so, list below:

Property Address	Assessed Value	Taxable Value	Amt Last Taxes Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you earn any income from the above listed properties? ___ Is so, Amount _____ yearly

Name of Employer _____

Address & Phone _____

LIFE INSURANCE: List all policies held by you and your spouse.

Insured Amt of Policy Amt Paid Monthly Paid Up Policies Name of Beneficiary Relationship to Insured

MOTOR VEHICLES IN HOUSEHOLD:

Make Year Monthly Payments Balance Owed

LIST ALL PERSONS LIVING IN HOUSEHOLD:

Last Name First Name Age Relationship Place of Employment

PERSONAL DEBTS:

Creditor Purpose of Debt Date of Debt Original Bal. Monthly Pymt Bal. Owed

MONTHLY EXPENSES:

Electric _____ Food _____ Phone _____ Medical/Prescriptions _____

Heat _____ Water/Sewer _____ Clothing _____ Car _____

Other(s) specify _____

OTHER ASSETS: List all other assets and their values that are owned or controlled by you.
(For example: boats, coin collection, antiques, silver, jewelry, ect.)

Type of Asset	Value	Owner
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OTHER REAL ESTATE OWNED:

Address	City	State	Rental?	Monthly Rent Received	Property's Value
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**Fill out for each owner or member of the household with income or assets.
Make copies of this form as needed.**

Income Information for (Name) _____

List all Income:

Wages, salaries, tips, strike, & SUB _____
 All interest & dividend income _____
 (including nontaxable) _____
 Net rent, business, or royalty income _____
 Retirement pension & annuity benefits _____
 Net farm income _____
 Capital gains less capital losses _____
 Alimony _____
 Social Security, SSI or railroad _____
 retirement benefits _____
 Child support _____
 Unemployment compensation _____
 Worker's compensation _____
 Veteran's disability compensation & _____
 pension benefits _____
 FIP and FIA benefits _____
 Any other taxable and nontaxable _____
 income _____

 TOTAL _____

List all Assets:

Cash on hand _____
 Savings _____
 Insurance cash _____
 surrender value _____
 Annuity policies _____
 Other real property _____
 Stocks _____
 Bonds _____
 Other Securities _____
 Collectibles _____
 what: _____
 Vehicle _____
 Vehicle _____
 Other personal property: _____
 Boat _____
 Camper _____
 Motorcycle _____
 Other: _____

 TOTAL _____

I declare under penalty of perjury that the information in this form is true and complete to the best of my knowledge. I also understand that any false statement may result in the revocation of my Hardship Exemption.

Signature

Date

Reason for Requesting Exemption

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.

NOTICE: A copy of your latest federal income tax return, state income tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1,2,3 or 4) must be attached as proof of income.

NOTE: Do not sign until witnessed by the supervisor, assessor or board of review.

STATE OF MICHIGAN

COUNTY OF _____

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

Subscribed and sworn this _____ day of _____, _____
Petitioner

Supervisor, Assessor, BOR Member or Notary

This application must be returned no later than the second Monday in March to the Board of Review of _____.

Address: _____

FOR BOARD OF REVIEW USE

Disposition by the Board _____ Date _____

Denied: ___ reason _____ Approved: ___ Reduction ___ Amt _____

Supervisor _____ Chairperson BOR _____ Member BOR _____ Member BOR _____

Decisions may be appealed to the MICHIGAN TAX TRIBUNAL
P.O. Box 30232
Lansing, MI 48909

Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a Poverty Exemption from our current property taxes, on property we own in the Township of Covert, County of Van Buren, State of Michigan. As part of the application process, the governmental unit, may verify information contained in my/our exemption application and in other documents required in connection with the exemption, either before the exemption is granted or as part of its quality control program.
2. I/We authorize you to provide to the above governmental unit all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. To the governmental unit officials, you may address this authorization to any party named in the exemption application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to the above governmental unit is appreciated.

Applicant's Signature

Social Security Number

Applicant's Signature

Social Security Number