

City of Wyandotte

2017 Guidelines for Poverty Exemption Review

Basic Filing Requirements

211.7u. HOMESTEAD, EXEMPTION FROM TAXATION DUE TO POVERTY: ELIGIBILITY; APPLICATIONS; POLICIES AND GUIDELINES; DEFINITIONS

Sec 7u

(1) The homestead of persons who in the judgment of the supervisor and board of review, by reason of poverty, are unable to contribute toward the public charges is eligible for exemption in whole or part from taxation under this act. This section does not apply to the poverty of a corporation.

(2) To be eligible for exemption under this section, a person shall do all of the following on an annual basis:

(a) Be an owner of and occupy as a homestead the property for which an exemption is requested

(b) File a claim with the supervisor or board of review on a form provided by the local assessing unit, 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. The filing of a claim under this subsection constitutes an appearance before the board of review for the purpose of preserving the claimant's right to appeal the secession of the board of review regarding the claim.

(c) Produce a valid driver's license or other form of identification if requested by the supervisor or board of review

(d) Produce a deed, land contract, or other evidence of ownership of the property for an exemption is requested if required by the supervisor or board of review.

(e) Meet the federal poverty income standards as defined and determined annually by the United States office of management and budget or alternative guidelines adopted by the governing body of the local assessing unit provided the alternative guidelines do not provide income eligibility requirements less than the federal guidelines.

(3) The application for an exemption under this section shall be filed after January 1 but before the day prior to the last day of the board of review.

(4) The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines of the local assessing unit uses for the granting of exemptions under this section.

Income Guidelines

The income guidelines used by the Board of Review are not to be construed as being applicable in every instance. In making their decision the Board of Review shall consider every variable on the application, including the nature and duration of income stream, the state equalized value of the subject property the history of tax relief on the subject property, the quality of the information supplied and any other such evidence they feel appropriate in making their decision.

The Poverty Exemption will be calculate as follows

Income will be multiplied by 3.5% which is the percentage that the State of Michigan excludes from Homestead Property Tax Credit consideration. Adding \$1,200 to that amount, which is the maximum of credit allow by Michigan. Then divide that amount by the prior year Homestead Millage rate. If the resulting figure is less than the current taxable value the applicant is eligible for a reduction.

The Board of Review has been given almost exclusive jurisdiction over the granting of Hardship Property Tax Relief. The Board of Review for the City of Wyandotte takes this task seriously and attempts to provide this service to all deserving applicants within the City.

Federal Poverty Guidelines Used in the Determination of Poverty Exemptions for 2017. MCL 211.7u, which deals with poverty exemptions, was significantly altered by PA 390 of 1994 and was further amended by PA 620 of 2002. Local governing bodies are required to adopt guidelines that set income levels for their poverty exemption guidelines and those income levels shall not be set lower by a city or township than the federal poverty guidelines updated annually by the U.S. Department of Health and Human Services. This means, for example, that the income level for a household of 3 persons shall not be set lower than \$20,160 which is the amount shown on the following chart for a family of 3 persons. The income level for a family of 3 persons may be set higher than \$20,160. Following are the federal poverty guidelines for use in setting poverty exemption guidelines for 2017 assessments.

STC Bulletin No. 12 of 2016 Changes For 2017
October 18, 2016
Size of Family Unit Poverty Guidelines

- 1 \$ 11,880
 - 2 \$ 16,020
 - 3 \$ 20,160
 - 4 \$ 24,300
 - 5 \$ 28,440
 - 6 \$ 32,580
 - 7 \$ 36,730
 - 8 \$ 40,890
- For each additional person \$ 4,160

Note: PA 390 of 1994 states that the poverty exemption guidelines established by the governing body of the local assessing unit shall also include an asset level test. An asset test means the amount of cash, fixed assets or other property that could be used, or converted to cash for use in the payment of property taxes. The asset test should calculate a maximum amount permitted and all other assets above that amount should be considered as available. Please see STC Bulletin 5 of 2012 for more information on poverty exemptions. Note: 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 in the residence who were not required 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.

CITY OF WYANDOTTE 2017 POVERTY GUIDELINES

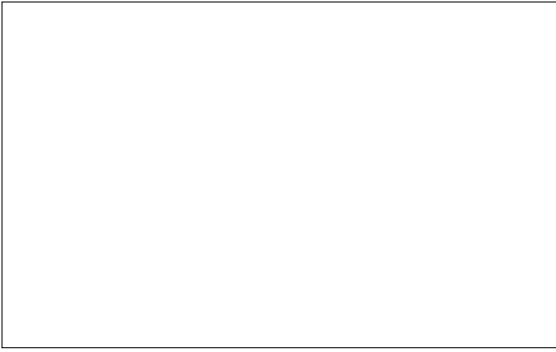
- Size of Family Unit Poverty Guidelines
- 1 - \$12,358
 - 2 - \$16,726
 - 3 - \$21,094
 - 4 - \$25,462
 - 5 - \$29,830
 - 6 - \$34,198
 - 7 - \$38,566
 - 8 - \$42,934
- For each additional person \$4,368

Special Circumstances

While the above guidelines will assist the Board of Review in their deliberations, nothing can nor should replace the individual review of the Board themselves. The Board of Review reserves the right to modify these guidelines as necessary. Any deviation from the normal formula will be documented in the minutes of the meeting.

Property Address _____

Parcel Number 57- _____



City of Wyandotte
Application for Primary Residence Poverty Tax Relief
(as provided for in Section 211.7u of the Michigan Compiled Laws)

July or December Board of Review 2017

This application must be filled out carefully and completely!

A copy of the 2016 Federal and Michigan Income Tax Returns
for all persons residing in the homestead must be submitted with this form
Michigan Property Homestead Credit Form, must be submitted with this application

Completed forms **MUST** accompany all applications

Applications submitted without completed forms or income tax information will NOT be processed.

RESTRICTED ACCESS

Petitioner's Name _____ **Date of Birth** _____

Daytime Telephone _____

Address of homestead for which relief is being sought _____

Petitioner's Marital Status

Married Divorced Widow/Widower Separated Single
How long ? _____ How long? _____ How long ? _____ How long ? _____ How long ? _____

Employment Status

Usual occupation (if retired occupation at retirement) _____

Employer (last employer, if unemployed) _____

Last Date you worked if not currently employed _____

(Check one)

Employed, Full-time Disabled Employed, Part-time Retired Unemployed Laid off
 Other, Explain _____

If you checked unemployed, laid off, disabled, or retired, how long have you been in this status _____

Describe any disability or health problems you have that directly have an impact on your income:

IF APPLICABLE

Spouse (or other adult residing in home) _____ Age _____

Employment Status

Usual occupation _____

Employer (last employer, if unemployed) _____

Last Date you worked if not currently employed _____

(Check one)

Employed, Full-time Disabled Employed, Part-time Retired Unemployed Laid off
 Other, Explain _____

If you checked unemployed, laid off, disabled, or retired, how long have you been in this status _____

Describe any disability or health problems you have _____

Please list all *other* persons currently residing in this homestead:

Name	Age	Relationship	Employer/School	Dependent Y/N

Does any person listed above make a financial contribution to the household? _____

If yes, Which person and how much does he/she contribute each month? _____

If No, why doesn't this person contribute to your household? _____

Homestead Ownership

Are you and/or your spouse the sole owners of this homestead? _____ Yes _____ No

If no, explain who else has an interest in the property _____

When did you and/or your spouse purchase this homestead ? _____

What was the purchase price \$ _____

Have improvements, additions, changes, been made to this Homestead in the last two years ? _____

If yes, explain _____

Is there a mortgage or land contract balance outstanding on this Homestead? _____ Yes _____ No

Is there a reverse mortgage on the Homestead? _____ Yes _____ No

If yes, what is the amount of the monthly payment? \$ _____

What is the unpaid balance? \$ _____

Are taxes included in payment _____ Yes _____ No

Are there outstanding taxes _____ Yes _____ No

Did you seek property tax relief last year ? _____ Yes _____ No

Do you, your spouse or any other resident of the homestead have ANY financial interest in other real estate? _____

If yes, please provide the following information concerning that financial interest in other real estate. This includes any timeshare or joint ownership in any real or personal property including commercial property including property you may own in another state or country.

Location, City/State	Tax Identification	Value of Property	Equity

Assets and Income Data for 2016

List **all** sources of personal income

Petitioner's Income

Source	Annual Income	Source	Annual Income
Salary / Wages	\$	Pension	\$
Business/Partnership	\$	Unemployment	\$
Social Security	\$	Public Assistance/Bridge Card	\$
Retirement	\$	Charitable Assistance (food bank)	\$
Workers Comp	\$	Child Support	\$
Veteran Benefits	\$	Alimony	\$
Insurance Payment	\$	Annuity Payments	\$
Stocks/ Bonds /CD	\$		\$

Spouse (other) Income

Source	Annual Income	Source	Annual Income
Salary / Wages	\$	Pension	\$
Business/Partnership	\$	Unemployment	\$
Social Security	\$	Public Assistance/Bridge Card	\$
Retirement	\$	Charitable Assistance (food bank)	\$
Workers Comp	\$	Child Support	\$
Veteran Benefits	\$	Alimony	\$
Insurance Payment	\$	Annuity Payments	\$
Stocks / Bonds/CD	\$		\$

Assets for all members of household

List **all** assets not listed above include **any** investments or reserves

Cash	\$
Savings Account	\$
Checking Account	\$
	\$

Vehicles

What Kind of Vehicle(s) do members of the homestead own/drive (include leased vehicles, recreational vehicles such as campers, boats, personal watercraft)

Driver/Owner	Year	Make	Model

Do you anticipate any major changes in income for the coming year? _____ Yes _____ No

If yes, please explain _____

Expenses

Monthly Household All regularly occurring monthly expenses - list other expenses in space provided it is not necessary to include food expenses. It is acceptable to use an average for utilities.

House payment \$	Water \$	Electric \$
Heating \$	Phone \$	Cable (Satellite) \$
Insurance Home \$	Mobile Phones \$	_____ \$
Insurance Auto \$	Health Insurance\$	

Monthly Medical Expenses Include expenses not covered by insurance

Name	Relationship to you (self/spouse/other)	Hospital \$	Doctor \$	Prescriptions \$

Personal Debts (Credit Card, Personal Loans, Vehicle Loans, etc.)

Name of person or company	Purpose or debt	Date incurred	Original amount	Monthly payments	Balance Remaining

Do you expect to sell the homestead for which relief is being sought in the next year? ___ Y ___ N

IF NECESSARY, YOU MAY USE A SEPARATE SHEET FOR FURTHER EXPLANATION OF YOUR FINANCIAL SITUATION

I am (We are) unable to pay the full property taxes 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 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. 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 roll with penalties and interest occurring on the additional tax liability.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

State of Michigan
County of Wayne

Subscribed and sworn to before me this _____ day of _____, 2017

Notary Public, County of Wayne, State of Michigan

Acting in the County of Wayne

My Commission expires _____