

Ellsworth TOWNSHIP, MICHIGAN

DECLARATION OF POVERTY & REQUEST FOR TAX RELIEF APPLICATION As of December 31, _____

Property ID Number: _____

Current State Equalized Value: _____ Current Taxable Value: _____

Property Address: _____

APPLICANT INFORMATION

IMPORTANT: It is necessary that you fill out this petition as carefully as you can. All questions must be answered. Please have supporting information such as contracts, mortgage receipts, tax receipts, bankbooks, etc. available. An investigator may call you at your home to examine your records. **NOTE:** Any person making a false petition for the purpose of exemption from taxation shall be guilty of the crime of perjury, and shall be punished accordingly.

I (We) hereby appeal to the Board of Review for a reduction of taxable valuation because of inability to contribute fully to the public charges by reason of **POVERTY**.

Name of Owner & Co-Owners: _____

Street Address: _____

City, State, Zip: _____

Home Phone Number: _____ Day ___ Evening ___

Cell Phone Number: _____ Pager / Beeper Number: _____

Did you or a co-owner apply for a Michigan Homestead Property Tax Credit? ___ YES ___ NO

If YES, did you receive a refund or tax credit? ___ refund ___ credit How Much:\$ _____

If NO, why not: _____

Owners:

Social Security # _____

Age as of December 31st: _____

Are you blind? ___ YES ___ NO

Are you paraplegic, hemiplegic or quadriplegic? ___ YES ___ NO

Are you totally and permanently disabled as defined under Social Security Guidelines 42 USC 416? ___ YES ___ NO

Are you a veteran with service-connected disability? ___ YES ___ NO

If YES, what % of disability? _____%

GENERAL INFORMATION

Check one: Married Single Divorced Widow Widower Separated

How long have you been a resident of the Ellsworth Township? _____ years and/or _____ months

What year did you purchase this property? _____

Purchase Price? \$ _____ Down Payment \$ _____ Interest Rate _____%

Total unpaid balance of mortgage as of 12/31/ _____ \$ _____

Mortgage or Contract Holder: _____

Taxes:

Authority	Delinquent Year(s)	Delinquent Amount(s)
Federal		
State of Michigan		
City / Township		
County		
Other States / Authorities		

Are you currently employed? YES NO

If YES, what is the name and address and phone number of your employer?

Have you filed a DECLARATION OF POVERTY & REQUEST FOR TAX RELIEF APPLICATION for previous years? YES NO

If YES, what year(s) did you apply for? _____

If YES, was / were your application(s) approved? YES NO

Are there other owners of the property not listed previously? YES NO

If YES, list them below & include % of ownership: (attach separate sheet if necessary)

Name (Last, First) & %	Social Security #	Age	Disabilities?	Veteran?	Employer

Have any improvements, changes or additions been made to the property in the last two (2) years?
 ___YES ___NO

If YES, Please explain: _____

Do you anticipate selling the homestead property for which relief is sought in the next year?

___YES ___NO Please explain: _____

Does anyone contribute to your support? ___YES ___NO

If YES, amount of support: \$ _____ If NO, please explain: _____

Is anyone able to contribute to your support? ___YES ___NO Please explain: _____

List all persons living in the household (including yourself): (attach separate sheet if needed)

Resident	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed as a Dependent?	___YES ___NO	___YES ___NO	___YES ___NO	___YES ___NO
Heir to estate?	___YES ___NO	___YES ___NO	___YES ___NO	___YES ___NO

INCOME & ASSETS

SECTION A: Schedule of Family Income

DO NOT INCLUDE THE FOLLOWING:

1. Withdrawals of bank deposits and borrowed money.
2. Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms.
3. Federal non-cash benefit programs such as Medicare, Medicaid, food stamps, and school lunches.
4. Monies received from claiming a Michigan homestead property tax credit.

INCLUDE INCOME OF ALL PERSONS RESIDING IN THE HOME:

1. Salaries, wages, tips & other employee compensation (include strike, sick & sub pay)	\$
2. All dividends & interest (including U.S., state & municipal bond interest)	
3. Net rent, royalty, business, gambling or lottery income	
4. Annuity & pension benefits; Name of Payer _____	
5. Net farm income	
6. All capital gains less capital losses	
7. Alimony & other taxable income; Describe _____	
8. Other adjusted income	
9. Cash	
10. Social Security, supplemental income (SSI) or railroad retirement benefits	
11. Unemployment compensation & trade readjustment allowance (TRA) benefits	
12. Child support, Military Family Allotments	
13. College or university scholarships, grants, fellowships and assistant fellowships	
14. Other non-taxable income; Describe _____	
15. Worker's compensation, veterans disability compensation & pension benefits	
16. ADC, GA or Emergency Assistance benefits	
17. ALL other public assistance payments (food stamps, fuel assistance, etc.) Describe _____	
18. SUBTOTAL (add lines 1 through 17)	\$
19. Insurance premiums you paid for medical care for yourself and family	
20. TOTAL HOUSEHOLD INCOME (subtract line 19 from line 18)	\$

Do you anticipate any changes to the above within the next year? ___ YES ___ NO

If YES, please explain: _____

SECTION B: Investments

On spaces below, list all stocks, bonds, mortgages, land contracts, annuities, U.S. Savings Bonds or any other investments you, any co-owner(s) or any member of your household has.

Description of investment	Present Value	Income Earned Last Year
	\$	\$

SECTION C: Real Estate

In the spaces below, list all property owned in full or in part by you, any co-owner(s) or any member of your household (houses, land, cottages, garages, stores, etc) Do not list the property this application is being applied for.

Address of Property	Owner(s)	Market Value	Taxes	Income
		\$	\$	\$

SECTION D: Life Insurance Policies

In the spaces below, list all of the insurance policies held by you the co-owner, or any member of the household.

Insured	Policy Amount	Monthly Payment Amount	Cash Value of Policy	Name of Beneficiary	Relationship to Insured
	\$	\$	\$		

SECTION E: Motor Vehicles

In the spaces below, list all automobiles, motorcycles, trucks, off-the-road vehicles, boats, trailers, etc. owned by you, any co-owners(s), or any member of the household.

Make & Model	Year	License Number	Monthly Payment	Balance Owed
			\$	\$

SECTION F: All Other Assets

In the spaces below, list all other assets and their values that are owned or controlled by you, any co-owner(s) or any member of the household. (For example, coin collections, antiques, jewelry, precious metals and /or stones, checking account, etc.)

Type of Asset	Value	Owner(s)
	\$	

EXPENSES

SECTION A: Debts

In the spaces below, list all outstanding debts that you owe, the co-owner(s), or any member of the household may have. Include mortgages, home improvement loans, chattel mortgages, finance company loans, personal loans, credit cards, automobile loans, cable / satellite, life or auto insurance, special assessments, etc. Do not include the mortgage payments for the property being applied for.

Creditor	Purpose of Debt	Date Debt Incurred	Original Balance	Monthly Payment	Balance Owed
			\$	\$	\$

SECTION B: Subsistence Costs

In the spaces below, list the actual monthly household costs where available and estimate the others as closely as possible. You may be asked to verify your estimates with copies of bills and receipts.

1. Land Contract or Mortgage payment for homestead only Does this include an escrow amount for tax purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
If YES, how much are taxes? \$ _____, insurance? \$ _____, special assessments? \$ _____	
2. Gas or Fuel Oil Did you receive a State of Michigan Home Heating Credit? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
If YES, how much \$ _____	
3. Electricity	\$ _____
4. Water, Sewer, Garbage	\$ _____
5. Food (exclude liquor, cigarettes, pet food, pop, etc.)	\$ _____
6. Doctors & Medicine Do you have medical insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, who is the carrier (e.g. Blue Cross) _____. Please be ready to Provide a copy of your policy if so requested. Did you receive a State of Michigan Senior Citizen Prescription Drug Claim Credit ? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how much did you receive? _____	\$ _____
7. Homeowner's Insurance	\$ _____

8. Telephone(s) , pagers, beepers	\$ _____
9. Clothing	\$ _____
10. Child Care	\$ _____
11. Cable/Satellite	\$ _____
12. Lawn Care / Snow Removal	\$ _____
13. Other Please specify _____	\$ _____
14. TOTAL SUBSISTENCE HOUSEHOLD EXPENSE	\$ _____
15. TOTAL HOUSEHOLD CREDITS	\$ _____
16. NET TOTAL SUBSISTENCE HOUSEHOLD EXPENSES (line 14 minus line 15)	\$ _____

Are there any other major or unusual expenses that you would like to have the Board consider?
 ___ YES ___ NO If YES, please explain _____

ADDITIONAL INFORMATION

With this petition you will need to submit last year’s copies of the following applicable documents for yourself, any co-owner(s), and every member of the household.

1. Federal, State and City Income Tax Returns – 1040 or 1040A and any schedules
2. All W-2 and 1099 forms
3. Michigan Homestead Property Tax Credit Claim MI-1040CR (***will not be used to determine income for eligibility purposes***)
4. Michigan Home Heating Credit
5. Social Security Benefit Statement Form SSA-1099
6. DSS Year End Total Payments Report
7. Statement from Friend of the Court

NOTE: DO NOT SIGN THIS PETITION UNTIL WITNESSED BY A BOARD OF REVIEW MEMBER, OR NOTARY.

I (We), _____, being duly sworn, depose and state under the penalties for perjury, that the information contained in this petition and my (our) financial condition as above-stated is true and correct to the best of my (our) knowledge and belief.

I (We), the Co-owner(s), or any member of the household have no money, income or property other than herein disclosed. I (we) do hereby grant permission to review income tax files in order to process this petition. I (We) further understand that if any information contained herein is found to be false, misleading or incomplete, any and all relief granted by this petition will be forfeited and placed back on the assessment roll (with payment of relief previously granted) along with penalties and interest occurring on the additional tax liability, in accordance with Section 211.119 Michigan Compiled Laws.

I (We) authorize the Ellsworth Board of Review to obtain and utilize whatever documentation and/ or information necessary.

Applicant

Applicant

Subscribed and sworn this _____ day of _____, _____.

Board of Review Member, or Notary