

ALGANSEE TOWNSHIP POVERTY EXEMPTION APPLICATION

I, _____, Petitioner, being the owner and residing at the property that is listed below as my principal residence, apply for property tax relief under MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893. The principal residence of persons who, in the judgment of the township supervisor or city assessor and board of review, by reason of poverty are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation per MCL 211.7u(1).

In order 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.

All Data based on full calendar year (January thru December); Ages & Dependents as of December 31

PERSONAL INFORMATION: Petitioner must list all required personal information.

Property Address of Principal Residence:	Daytime Phone Number:	
Age of Petitioner:	Marital Status:	Age of Spouse:
Number of Legal Dependents: (Inc. applicant & spouse)	Age of Dependents:	
Applied for Income Tax Homestead Property Tax Credit (yes or no):	Amount of Homestead Property Tax Credit:	

REAL ESTATE INFORMATION: List the real estate information related to your principal residence. Be prepared to provide a deed, land contract or other evidence of ownership of the property at the BOR meeting.

Property Parcel Code Number:	Name of Mortgage Company:	
Unpaid Balance Owed on Principal Residence:	Monthly Payment:	Length of Time at This Residence:
Property Description:		

ADDITIONAL PROPERTY INFORMATION: List information related to any other property you, or any household member owns.

Do you own, or are buying, other property (yes or no)? If yes, complete the information below.	Amount of Income Earned from Other Property:		
Property Address	Name of Owner(s)	Assessed Value	Amount & Date of Last Taxes Paid
		\$	
		\$	

NEW CONSTRUCTION: List any new construction completed in past year & sizes. This would include but not be limited to house, additions, barns, barn additions, sheds, decks, porches, etc. This would include buildings on skids. If none, then write none.

CHECKING, SAVINGS AND INVESTMENT INFORMATION: List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments. **(Provide copy of all bank statements for full year for all accounts)**

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment

LIFE INSURANCE: List all policies held by all household members.

Name of Insured	Amount of Policy	Monthly Payment	Policy Paid in Full	Name of Beneficiary	Relationship to Insured

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	Monthly Payment	Balance Owed

NON-MOTORIZED VEHICLE INFORMATION: All buggies, carts, sleighs, or other means of transportation

Type	Number	Value	Year Purchased

OTHER ASSETS: Livestock (Identify type of animals), Farm Equipment (Identify Type), Trailers, Lawn Mowers

Type of Asset	Number	Estimated Value	Year Purchased (if applicable)

**ALGANSEE TOWNSHIP
POVERTY EXEMPTION WORKSHEET
AND RULING**

PARCEL NUMBER: _____

PROPERTY ADDRESS: _____

APPLICANT: _____

Number of Dependents on Application: _____

Federal Allowable Income: \$ _____

Actual Income listed on Application: \$ _____

Asset Test Results:

Item	Number or Value Allowed	Number or Value Actual
Vehicles – Motorized /Non-Motorized	1 per 2 dependents (over 16 years of age); 1 per 6 dependents	
Recreational Vehicles:		
Livestock:	Consistent w/ size of property	
Farm Equipment:	Consistent w/ size of property	
Additional Properties:		
New Construction:	Maintenance Only	
Cash/Savings/other Investments:		
Total Asset Value:	\$1000	

BOARD OF REVIEW DECISION:

POVERTY EXEMPTION APPROVED: _____

REDUCED TO: _____

IF DEVIATED FROM GUIDELINES, EXPLAIN WHY _____

POVERTY EXEMPTION DENIED: _____

REASON FOR DENIAL: _____

Board of Review Chairman: _____

Board of Review Member: _____

Board of Review Member: _____

Supervisor: _____

Date of Decision: _____

DECISIONS OF THE MARCH BOARD OF REVIEW MAY BE APPEALED IN WRITING TO THE MICHIGAN TAX TRIBUNAL BY JULY 31 OF THE CURRENT YEAR. JULY OR DECEMBER BOARD OF REVIEW DENIALS MAY BE APPEALED TO MICHIGAN TAX TRIBUNAL WITHIN 30 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE FILING.

Michigan Tax Tribunal; PO Box 30232; Lansing, MI 48909; Phone: 517-373-3003; Fax: 517-373-1633;
E-mail: taxtrib@michigan.gov