

# Baltimore Township

## HARDSHIP EXEMPTION APPLICATION

I, \_\_\_\_\_, being the owner and resident of the property listed below; apply for tax relief under MCL 211.7n 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 ADDRESS: \_\_\_\_\_

### APPLICATION REQUIRED DOCUMENTS CHECKLIST:

\_\_\_ PRECEDING YEAR or MOST RECENT FEDERAL and STATE INCOME TAX RETURNS

\_\_\_ PROOF OF INCOME (MOST RECENT ONE MONTH PERIOD)

\_\_\_ PROOF OF IDENTITY (DRIVERS LICENSE, PICTURED ID)

\_\_\_ PROOF OF OWNERSHIP (TAX RECORDS, DEED, ECT)

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? \_\_\_\_\_

### PROPERTY INFORMATION:

Is the house paid for? \_\_\_\_\_ Unpaid Balance: \_\_\_\_\_ Monthly Payments: \_\_\_\_\_

Name of Mortgage Company \_\_\_\_\_ Account # \_\_\_\_\_

Address & Phone Number of Mortgage Company \_\_\_\_\_ ( ) \_\_\_\_\_

### DO YOU OWN OR ARE YOU BUYING ANY OTHER PROPERTY? LIST BELOW

Property Address: \_\_\_\_\_

Assessed Value: \_\_\_\_\_ Taxable Value: \_\_\_\_\_

Amount Last Taxes Paid: \_\_\_\_\_

DO YOU EARN ANY INCOME FROM THE ABOVE LISTED PROPERTIES? IF YES, AMOUNT  
\_\_\_\_\_ - YEARLY

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS AND PHONE \_\_\_\_\_

LIST ALL INCOME FROM SALARIES, SOCIAL SECURITY, RENTS, PENSIONS,

**UNEMPLOYMENT COMPENSATION, DISABILITY, GOVERNMENT PENSION, STATE PROGRAMS/ASSISTANCE, WORKER'S COMPENSATION, DIVIDENDS, CLAIMS AND JUDGEMENTS FROM LAWSUITS, ALIMONY, CHILD SUPPORT AND ANY OTHER SOURCES.**

SOURCE OF INCOME	MONTHLY AMOUNT	YEARLY AMOUNT
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**SAVINGS & INVESTMENT:** List all savings owned by you or your spouse, including savings account, postal savings, credit union shares, certificates of deposit, cash, stock, bonds or similar investments:

NAME OF FINANCIAL INSTITUTION	AMOUNT	NAME ON ACCOUNT	VALUE OF INVESTMENT
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**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?

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**MOTOR VEHICLES IN HOUSEHOLD:**

YEAR	MAKE	MONTHLY PAYMENTS	BALANCE OWED
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**LIST ALL PERSONS LIVING IN HOUSEHOLD:**

LAST NAME	FIRST NAME	AGE	RELATIONSHIP	PLACE OF EMPLOYMENT
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**PERSONAL DEBTS:**

CREDITOR	PURPOSE OF DEBT	DATE OF DEBT	ORIGINAL BAL.	MONTHLY PAYMENT	BAL. OWED
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**MONTHLY EXPENSES:**

Electric: \_\_\_\_\_ Food: \_\_\_\_\_ Phone: \_\_\_\_\_ Medical / Prescriptions: \_\_\_\_\_

Heat: \_\_\_\_\_ Water / Sewer: \_\_\_\_\_ Clothing: \_\_\_\_\_ Car Expenses: \_\_\_\_\_

OTHER (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, etc)

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**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-1040 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 make in the foregoing application are true and that he / she has no money, income or property other than mentioned herein.

\_\_\_\_\_  
Petitioner

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Supervisor, Assessor, BOR Member or Notary

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**FOR BOARD OF REVIEW USE**

**Disposition by the Board** \_\_\_\_\_ **Date:** \_\_\_\_\_

DENIED \_\_\_\_\_ REASON \_\_\_\_\_

APPROVED: \_\_\_\_\_ REDUCTION: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ CHAIRMAN 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 Hardship (Poverty) Exemption from our current property taxes, on property we own in the **Township** of \_\_\_\_\_, County of \_\_\_\_\_, State of **Michigan**. As part of the application process, the TOWNSHIP, may verify information contained in my/our 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 TOWNSHIP 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 TOWNSHIP officials, I/We address this authorization to any party names in the exemption application.
- 4. A copy of this authorization may be accepted as an original.
- 5. Your prompt reply to the TOWNSHIP is appreciated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

### Federal Poverty Guidelines Used in the Determination of Poverty Exemptions for 2019

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 \$20,780 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 \$20,780. Following are the federal poverty guidelines for use in setting poverty exemption guidelines for 2019 assessments:

Size of Family	Poverty Guidelines
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380
For each additional person	\$4,320