

# Poverty Exemption 2021 CHECKLIST

Below is a checklist of items needed for the local Board of Review to make an accurate decision about your application for a poverty exemption.

Note: Provide proofs for yourself, spouse, and all OTHERS that are living in the home.

- Completed application for Poverty Exemption.
- Completed Income & Status Sheet for each owner/occupant in the home 18 years or older (attached to application).
- Current 2020 State & Federal Income Tax Returns for each owner/occupant in the home 18 years or older.
- Most recent 3 months of Bank Statements for each owner/occupant in the home.
- Documentation for all income sources including but not limited to credits\* claims, Social Security income, child support, alimony income, bridge cards, student loans, scholarships, grants, pension- 1099 statements and all other income sources.
- Copy of Driver's License (front & back).
- Copy of Deed to the home showing ownership.
- If applicable, a written explanation of why any person(s) in the home 18 or over are not contributing to the income and expenses of the property.
- If applicable, a written explanation of why one's expenses exceed their income, excluding property taxes.
- If applicable, most recent home mortgage, second mortgage, equity loan statements.
- Unusual & excessive medical bills.

To be eligible, a person shall do all the following on an annual basis:

Be an owner of and occupy as a principal residence the property for which an exemption is requested.

File a claim with the supervisor/assessor or Board of Review, accompanied by federal and state income tax returns for all persons residing in the principal residence in the immediately preceding year or in the current year or a signed State Tax Commission Form 4988, Poverty Exemption Affidavit.

File a claim reporting that the combined assets of all persons do not exceed the current guidelines. Assets include but are not limited to, real estate other than the principal residence, personal property, motor vehicles, recreational vehicles and equipment, certificates of deposit, savings accounts, checking accounts, stocks, bonds, life insurance, retirement funds, etc. The total of those assets shall not exceed \$10,000.

Produce a valid driver's license or other form of identification if requested.

Produce, if requested, a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.

Meet the federal poverty income guidelines as defined and determined annually by the United States Department of Health and Human Services or alternative guidelines adopted by the governing body providing the alternative guidelines do not provide eligibility requirements less than the federal guidelines.

The application for an exemption shall be filed after January 1, but one day prior to the last day of the December Board of Review. The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the right of appeal to the Michigan Tax Tribunal.

The following are Mecosta Township's Guidelines, which are not set lower than the federal poverty income guidelines which are updated annually by the United States Department of Health and Human Services. The annual allowable income includes income for all persons residing in the principal residence.

## Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

**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.

| <b>PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information.</b>   |                  |   |   |                      |
|---|------------------|---|---|----------------------|
| Petitioner's Name   |                  |   | Daytime Phone Number                        |                      |
| Age of Petitioner   | Marital Status   | Age of Spouse                           | Number of Legal Dependents                  |                      |
| Property Address of Principal Residence   |                  | City                                    | State                                       | ZIP Code             |
| <input type="checkbox"/> Check if applied for Homestead Property Tax Credit   |                  | Amount of Homestead Property Tax Credit |   |                      |
| <b>PART 2: REAL ESTATE INFORMATION</b>  |                  |   |   |                      |
| 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 Board of Review 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  |                  |   |   |                      |
| <b>PART 3: ADDITIONAL PROPERTY INFORMATION</b>  |                  |   |   |                      |
| List information related to any other property owned by you or any member residing in the household.  |                  |   |   |                      |
| <input type="checkbox"/> Check if you own, or are buying, other property. If checked, complete the information below.   |                  |   | Amount of Income Earned from other Property |                      |
| 1   | Property Address | City                                    | State                                       | ZIP Code             |
|   | Name of Owner(s) | Assessed Value                          | Date of Last Taxes Paid                     | Amount of Taxes Paid |
| 2   | Property Address | City                                    | State                                       | ZIP Code             |
|   | Name of Owner(s) | Assessed Value                          | Date of Last Taxes Paid                     | Amount of Taxes Paid |

| <b>PART 4: EMPLOYMENT INFORMATION</b> — List your current employment information.   |                      |                           |  |                        |                            |
|---|----------------------|---------------------------|--|------------------------|----------------------------|
| Name of Employer  |                      |                           |  |                        |                            |
| Address of Employer   |                      | City                      | State  | ZIP Code               |                            |
| Contact Person  |                      | Employer Telephone Number |  |                        |                            |
| <b>PART 5: INCOME SOURCES</b>   |                      |                           |  |                        |                            |
| List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income, for all persons residing at the property. |                      |                           |  |                        |                            |
| Source of Income  |                      |                           | Monthly or Annual Income<br>(indicate which) |                        |                            |
|   |                      |                           |  |                        |                            |
|   |                      |                           |  |                        |                            |
|   |                      |                           |  |                        |                            |
| <b>PART 6: CHECKING, SAVINGS AND INVESTMENT INFORMATION</b>   |                      |                           |  |                        |                            |
| 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, for all persons residing at the property.  |                      |                           |  |                        |                            |
| Name of Financial Institution<br>or Investments   | Amount<br>on Deposit | Current<br>Interest Rate  | Name on Account                              | Value of<br>Investment |                            |
|   |                      |                           |  |                        |                            |
|   |                      |                           |  |                        |                            |
|   |                      |                           |  |                        |                            |
| <b>PART 7: LIFE INSURANCE</b> — List all policies held by all household members.  |                      |                           |  |                        |                            |
| Name of Insured   | Amount of<br>Policy  | Monthly<br>Payments       | Policy Paid in<br>Full                       | Name of Beneficiary    | Relationship to<br>Insured |
|   |                      |                           |  |                        |                            |
|   |                      |                           |  |                        |                            |
|   |                      |                           |  |                        |                            |
| <b>PART 8: MOTOR VEHICLE INFORMATION</b>  |                      |                           |  |                        |                            |
| 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                                 |                        |                            |
|   |                      |                           |  |                        |                            |
|   |                      |                           |  |                        |                            |

**PART 9: HOUSEHOLD OCCUPANTS** — List all persons living in the household.

| First and Last Name | Age | Relationship to Applicant | Place of Employment | \$ Contribution to Family Income |
|---------------------|-----|---------------------------|---------------------|----------------------------------|
|                     |     |                           |                     |                                  |
|                     |     |                           |                     |                                  |
|                     |     |                           |                     |                                  |
|                     |     |                           |                     |                                  |
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|                     |     |                           |                     |                                  |
|                     |     |                           |                     |                                  |
|                     |     |                           |                     |                                  |

**PART 10: PERSONAL DEBT** — List all personal debt for all household members.

| Creditor | Purpose of Debt | Date of Debt | Original Balance | Monthly Payment | Balance Owed |
|----------|-----------------|--------------|------------------|-----------------|--------------|
|          |                 |              |                  |                 |              |
|          |                 |              |                  |                 |              |
|          |                 |              |                  |                 |              |
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|          |                 |              |                  |                 |              |
|          |                 |              |                  |                 |              |

**PART 11: MONTHLY EXPENSE INFORMATION**

The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.

|                         |                         |                                 |                  |
|-------------------------|-------------------------|---------------------------------|------------------|
| Heating                 | Electric                | Water                           | Phone            |
| Cable                   | Food                    | Clothing                        | Health Insurance |
| Garbage                 | Daycare                 | Car Expense (gas, repair, etc.) |                  |
| Other (type and amount) | Other (type and amount) | Other (type and amount)         |                  |
| Other (type and amount) | Other (type and amount) | Other (type and amount)         |                  |

**NOTICE:** Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

**PART 11: POLICY AND GUIDELINES ACKNOWLEDGMENT**

The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.

The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.

**PART 12: CERTIFICATION**

I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.

|              |           |      |
|--------------|-----------|------|
| Printed Name | Signature | Date |
|              |           |      |

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal  
PO Box 30232  
Lansing MI 48909

Phone: 517-335-9760  
E-mail: [taxtrib@michigan.gov](mailto:taxtrib@michigan.gov)

# Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

**PART 1: OWNER INFORMATION** — Enter information for the person owning and occupying the residence.

|                 |      |                        |          |
|-----------------|------|------------------------|----------|
| Owner Name      |      | Owner Telephone Number |          |
| Mailing Address | City | State                  | ZIP Code |

**PART 2: LEGAL DESIGNEE INFORMATION** (Complete if applicable.)

|                     |      |                          |          |
|---------------------|------|--------------------------|----------|
| Legal Designee Name |      | Daytime Telephone Number |          |
| Mailing Address     | City | State                    | ZIP Code |

**PART 3: HOMESTEAD PROPERTY INFORMATION** — Enter information for property in which the exemption is being claimed.

|   |      |   |          |
|---|------|---|----------|
| City or Township (check the appropriate box and enter name)<br><input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village |      | County  |          |
| Name of Local School District   |      |   |          |
| Parcel Identification Number  |      | Year(s) Exemption Previously Granted by Board of Review |          |
| Homestead Property Address  | City | State   | ZIP Code |

**PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS** (Check all boxes that apply.)

I own the property in which the exemption is being claimed.

The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.

After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or I receive a fixed income solely from public assistance that is not subject to significant annual increases beyond the rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits.

**PART 5: CERTIFICATION**

I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive an exemption from property taxes by reason of poverty pursuant to Michigan Compiled Law, Section 211.7u.

|                                      |                                      |      |
|--------------------------------------|--------------------------------------|------|
| Owner or Legal Designee Name (print) | Signature of Owner or Legal Designee | Date |
|--------------------------------------|--------------------------------------|------|

**Designee must attach a letter of authority.**

**LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)**

|  |  |
|--|--|
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Attach appeal instructions and provide to owner.) | Tax Year(s) exemption will be posted to tax roll |
|--|--|

**CERTIFICATION** — I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.

|                    |                            |
|--------------------|----------------------------|
| Assessor Signature | Date Certified by Assessor |
|--------------------|----------------------------|





# MCL 211.7u Poverty Exemption Taxpayer Fact Sheet

MCL 211.7u provides for a property tax exemption, in whole or part, for the principal residence of persons who, by reason of poverty, are unable to contribute to the public charges. For purposes of the poverty exemption, the term “principal residence” means how principal residence exemption and qualified agricultural property are defined in MCL 211.7dd. The exemption does not apply to property of a corporation. This Taxpayer Fact Sheet includes updates made to MCL 211.7u by Public Act 253 of 2020.

## How To Apply For The Poverty Exemption

To request a poverty exemption, a taxpayer must file:

1. Form 5737 *Application for MCL 211.7u Poverty Exemption*
2. Form 5739 *Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty*
3. All required additional documentation (such as federal/state income tax returns)

Forms 5737 and 5739, along with any additional documentation, must be filed with the local assessing unit where the property is located. **Do not file these forms with the Department of Treasury or the State Tax Commission.** The forms may be submitted to the local assessing unit on or after January 1 but before the day prior to the last day of the December Board of Review during the year in which the exemption is requested.

Taxpayers should contact the local assessing unit directly to verify deadline dates for submission of the forms to ensure the application gets reviewed by a Board of Review during that calendar year.

In addition to filing Forms 5737 and 5739 and any supporting documentation, a taxpayer must do all the following to be eligible for the poverty exemption:

1. Own and occupy the property as a principal residence.
2. Provide federal and state income tax returns for the current or immediately preceding year, including any property tax credits, for all persons **residing in the principal residence** (disclosure of the income of an owner who is not residing in the principal residence is not required). Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return. Instead, Form 4988, *Poverty Exemption Affidavit* may be filed for all persons residing in the residence who were not required to file federal or state income tax returns in the current or immediately preceding year.

3. Produce a valid driver license or other form of identification, if requested.
4. Produce a deed, land contract, or other evidence of ownership of the property, if requested.
5. Meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services or alternative guidelines adopted by the local assessing unit. The alternative guidelines cannot provide income eligibility requirements less than the federal guidelines.
6. Meet the asset level test adopted by the local assessing unit.

### **Appeal Rights**

An appeal of a decision of the March Board of Review is made by completing and submitting a petition to the Michigan Tax Tribunal no later than July 31 of the same year. A decision of the July or December Board of Review may be appealed by completing and submitting a petition to the Michigan Tax Tribunal within 35 days of the July or December Board of Review's decision. More information on how to file an appeal is available by contacting the Michigan Tax Tribunal. Information can also be viewed on the Michigan Tax Tribunal's website at <https://www.michigan.gov/taxtribunal>.

**Township of Mecosta**  
**County of Mecosta, Michigan**

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**Hardship Exemption Guidelines**

**Resolution No. 2020-09**

Minutes of monthly meeting of the Township Board of the Township of Mecosta, Mecosta County, Michigan, held at the Township Hall on the 08<sup>th</sup> day of December 2020 at 6:00pm., local time.

Present: Board Members, Johnson, Quinlan, Cain, Brennan, and Graham.

Absent: 0

**THE FOLLOWING RESOLUTION WAS OFFERED BY MEMBER BRENNAN AND SECONDED BY MEMBER CAIN. MOTION IN THE FORM OF RESOLUTION 2020-09 TO ACCEPT THE POVERY GUIDELINES FOR 2021 AS FOLLOWS:**

**POVERTY GUIDELINES**

**2021**

**MECOSTA TOWNSHIP**

**SIZE OF FAMILY UNIT**

**POVERTY GUIDELINES**

|   |          |
|---|----------|
| 1 | \$15,312 |
| 2 | \$20,688 |
| 3 | \$21,720 |
| 4 | \$26,200 |
| 5 | \$35,160 |
| 6 | \$39,640 |
| 7 | \$44,120 |

For each additional person add \$4,480.

Note: PA 390 of 1994 states that the poverty exemption guidelines established by 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 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.

**APPROVED – 5**

**OPPOSED – 0**

**MOTION CARRIED**

**RESOLUTION DECLARED ADOPTED. December 08, 2020**

**Lois Brennan, Twp. Clerk  
Township of Mecosta**

**STATE OF MICHIGAN)**

**) lb.**

**COUNTY OF MECOSTA)**

I, Lois Brennan, the duly qualified and acting Clerk of the Township of Mecosta, Mecosta County, Michigan (the "Township") do hereby certify that the forgoing is a true and complete copy of the resolution adopted by the Township Board at the regular monthly meeting therefore held on December 08, 2020, the ordinal of which is on file in my office. Public notice of meeting was given pursuant to and in compliance with Act No. 267, Public Acts of Michigan, 1979. As amended, including in the case of special or rescheduled meeting, notice by publication or posting at least eighteen (18) hours prior to the time set for the meeting.

IN WITNESS WHEREOF, I have affixed by official signature this 8<sup>th</sup> day of  
December 2020.

A handwritten signature in cursive script that reads "Lois Brennan". The signature is written in black ink and is positioned above a solid horizontal line.

**Lois Brennan, Mecosta Twp. Clerk**

