



**Office of the Assessor**

One City Square, Suite 310  
Warren, Michigan 48093-2397  
Phone (586) 574-4532  
Fax (586) 574-0793

January 25, 2024

Dear Warren Property Owner:

Enclosed are the City of Warren's Poverty Exemption Guidelines and Application Form for persons requesting tax relief due to poverty under Section 211.7u, P.A. 206 of 1893 and P.A. 253 of 2020.

The enclosed Application form **MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL NOT BE CONSIDERED.** Follow the instructions in the Guidelines carefully and provide **ALL** of the documentation required. All claims, including all required information **MUST** be filed with the City Assessor for review of completeness and eligibility compliance. Incomplete applications and/or applications of taxpayers not meeting the eligibility requirements will not be considered by the Board of Review. Qualified Applicants, or their authorized Representative, **must appear in person** before the Board of Review in order to be considered for relief due to poverty. Applicants who wish to send a Representative to appear on their behalf must provide them with a **Notarized Letter of Authorization**. The Representative will be required to present photo identification along with the letter. Applicants meeting all eligibility requirements will be scheduled for an appointment to appear before the Board of Review.

Incomplete applications will not be approved by the Board of Review. Additional documentation may be requested. It is recommended that you submit your application at your earliest opportunity in order to ensure that the Assessing Department has ample time to review your application for completeness and eligibility compliance. Pursuant to MCL 211.7u (3), the final date to file an application for poverty exemption shall be, "*.....after January 1, but before the day prior to the last day of the Board of Review.*" Only timely filed applications will be presented to the Board of Review for consideration. During your appointment, the Board of Review will review your **completed** application and supporting documents and will make a decision as to your eligibility for relief based on the information filed.

The 2024 Board of Review will meet in the Van Dyke Meeting Room on the 3<sup>rd</sup> Floor of City Hall. The meetings of the Board of Review are subject to the Open Meetings Act, which allows for public viewing of the appeal proceedings.

**For the tax year 2024, the meeting dates and filing deadlines are as follows:**

<b>March Board of Review</b>	<b>Meeting Dates: March 18, 19 &amp; 20, 2024</b> <b>Application Due by 5:00 p.m. on March 18, 2024</b> <i>(unless days in session are extended.)</i>
<b>July Board of Review</b>	<b>Meeting Date: July 16, 2024</b> <b>Application Due by 5:00 p.m. on July 12, 2024</b>
<b>December Board of Review</b>	<b>Meeting Date: December 10, 2024</b> <b>Application Due by 5:00 p.m. on December 6, 2024</b>

If you have any questions regarding the application, please contact the Assessor's Office at (586) 574-4532.

**CITY OF WARREN  
2024  
REAL PROPERTY TAX POVERTY EXEMPTION GUIDELINES FOR TAX  
RELIEF UNDER SECTION 211.7u, P.A. 206 of 1893 AND 253 OF 2020**

**The following guidelines were adopted by the Warren City Council on January 23, 2024.**

In order to qualify for the Poverty Exemption, the claimant must meet all of the following requirements. It may be possible that a claimant meets the income standard for the Poverty Exemption, but does not meet the asset standard or other standards as set forth in these guidelines. In this instance, the claimant would **NOT** qualify for the exemption even though the income standard was met.

The Board of Review shall follow these guidelines when granting or denying a Poverty Exemption. The same standards shall apply to each claimant in the City for the current assessment year. Only timely filed applications will be considered by the City of Warren Board of Review.

1. In granting Poverty Exemptions, the City of Warren and the Board of Review realize that the exemption of property taxes due to poverty is a shift of tax burden to the other taxpayers of the City. Poverty Exemptions are intended to assist those who are in **temporary** financial hardship and are not intended as a permanent or continuous subsidy.
2. Poverty Exemptions shall apply only to the applicant's qualified principal residence and the property must be classified residential for property tax purposes. Under no circumstances shall a Poverty Exemption be granted or apply to the property of a business, partnership, or corporation.
3. The Assessing Staff will have the right to make a personal visit to the home of all applicants in each year that a poverty exemption is requested.
4. The Board of Review may deny any appeal, regardless of income, if the financial hardship appears to be self-created by the actions of the person or persons making the application. The Board of Review shall also reject any application where the information contained in it appears fraudulent, misleading or incomplete. An application is considered incomplete when required supporting documents and information is not included with the application.

**To be eligible for exemption by reason of poverty, a person shall do all of the following on an annual basis:**

1. Applicants **MUST** be an owner of and occupy as a principal residence, (as defined by MCL 211.7dd), the property for which an exemption is being requested.
2. Applicants **MUST** timely file a completed **"CITY OF WARREN POVERTY EXEMPTION APPLICATION"** form including required supporting documentation. All claims, including all required information listed below, **MUST** be filed with the City Assessor for review of completeness and eligibility compliance. Applications are to be filed after February 1<sup>st</sup> and before the day prior to the last day of the March, July or December Board of Review meetings for that assessment year. Incomplete applications will not be considered for exemption. Qualified applicants, or their authorized representative, must appear in person before the Board of Review in order to be considered for relief due to poverty. Applicants who wish to send a representative to appear on their behalf must provide them with a notarized letter of authorization. The representative will be required to present photo identification along with the letter.
3. Applicants **MUST** provide copies of the following forms, including all supporting documents and schedules, for **ALL PERSONS RESIDING IN THE HOUSEHOLD**, filed in the immediately preceding year or in the current year:
  - Federal Income Tax Return (1040 or 1040A), completed and signed.
  - State of Michigan Income Tax Return (MI-1040), completed and signed.
  - Michigan Homestead Property Tax Credit Claim (MI-1040CR), completed and signed
  - W-2 Forms
  - Proof of all sources of income if not included on the W-2 Forms, including any check stubs or receipts from contributions by relatives or other persons living in the household, or from State or Federal Government checks.
  - Buyers Settlement Statement if the property transferred in the current or two years back.
  - If applicant is not required to file a Federal or State Income Tax return, they **MUST** complete and file a Poverty Exemption Affidavit (Treasury Form 4988 – included) for all persons residing in the residence who were not required to file in the current year or in the immediately preceding year.
4. Applicants **MUST** provide a copy of the Social Security Benefit Statement (form SSA-1099) for **ALL PERSONS RESIDING IN THE HOUSEHOLD**, who receive Social Security benefits.
5. Applicants **MUST** provide a copy of their bank and/or credit union statements, for the immediately preceding six months, of **ALL** checking and savings accounts for **ALL PERSONS RESIDING IN THE HOUSEHOLD**.
6. Applicants **MUST** provide statements for all household expenses and debt payments for the immediately preceding six months.

7. Applicants **MUST** provide a copy of their credit report which can be acquired for free at [www.AnnualCreditReport.com](http://www.AnnualCreditReport.com). Federal Law allows you to get a free credit report from these three credit reporting companies Equifax, Experian and TransUnion. Please see attached web site information. **FOR ALL ADULTS IN THE HOME.**
8. Applicants **MUST** provide a valid driver's license or other legal form of photo-identification, for all persons in the household who are not identified as dependents on their income tax returns.
9. Applicant's non-cash household benefits **MUST NOT** exceed 150% of the household Federal Poverty Income Standards defined and determined annually by the United States Department of Health and Human Services.

The Board of Review shall consider income from **all sources** and from **all occupants** of the household when determining whether an Applicant meets the poverty income standards adopted by the City of Warren. Income includes:

- Money, wages, and salaries before deductions.
- Regular payments for social security, railroad retirement, unemployment and worker's compensation, veteran's payments and public assistance.
- Gifts, loans and contributions by all persons, whether living in the household or not.
- Alimony, child support, and military family allotments.
- Private pensions, governmental pensions, regular insurance or annuity payments, and inheritance payments.

Applicants household non-cash benefits **MUST NOT** exceed 150% of the Federal Poverty Income Standards as defined and determined annually by the United States Department of Health and Human Services. Non-cash benefits items include but is not limited to the following:

- Medicaid
- WIC, food stamps and school lunches.
- College or university scholarships, grants, fellowships, educational trust disbursements and financial aid.
- Utility assistance

In addition to meeting the income level requirements as noted above, applicants must also meet requirements based on asset level, or otherwise stated requirements, such as savings accounts, checking accounts, certificates of deposit, investments, (including collectible items purchased for their investment value), stocks, bonds, inheritances, life insurance policies, open accounts of revolving credit, interest earnings/dividends, retirement funds, ownership interest in other real estate, motor vehicles, recreational vehicles and equipment, or any other personal property.

To be eligible for exemption based on asset level, or other standards, the following requirements must be met:

1. The total value of liquid assets such as savings accounts, checking accounts, certificates of deposit, all investments, stocks, bonds, inheritances, life insurance policies, interest earnings/dividends, retirement funds **from all household members**, and open accounts of revolving credit shall not exceed twice the amount of the estimated tax obligation of the current assessment.
2. Applicants shall not own interest in any real estate other than their principal residence.
3. Applicants shall not be currently purchasing or leasing any automotive vehicles valued at greater than \$10,000.
4. The total value of fixed assets including any recreational vehicles or equipment shall not exceed ten (10) times the amount of the estimated tax obligation of the current assessment. Recreational vehicles include snowmobiles, boats, jet skis, camping trailers, travel trailers, motorcycles, motor homes, off-road vehicles, or anything else which may be considered a recreational vehicle.

**FEDERAL POVERTY INCOME STANDARDS FOR ELIGIBILITY GUIDELINES**

**2024**

The following are the federal poverty income standards, which are updated annually by the United States Department of Health and Human Services, for 2024 assessments.

<b>Household Size</b>	<b>Federal Limit</b>	<b>Adjusted Annual Household Limit</b>
1	\$14,580	\$18,225
2	\$19,720	\$24,650
3	\$24,860	\$31,075
4	\$30,000	\$37,500
5	\$35,140	\$43,925
6	\$40,280	\$50,350
7	\$45,420	\$56,775
8	\$50,560	\$63,200
+1	\$5,140	\$6,425

**Asset Guidelines  
Used in the Determination of Poverty Exemptions for 2024**

As required by PA 390 of 1994, all guidelines for poverty exemptions as established by the governing body of the local assessing unit **SHALL** also include an asset level test. The purpose of an asset test is to determine the resources available (cash and fixed assets and property that could be converted to cash) that could be used to pay property taxes in the year the poverty exemption is filed.

The following asset test shall apply to all applications for poverty exemption:

- The applicant shall not have “**liquid**” (cash) assets (excluding the value of the principal residence subject to the exemption request) in excess of **two** (2) times the amount of the estimated tax obligation of the current assessment.
- The applicant shall not have other **total** assets (fixed assets excluding the value of the principal residence subject to the exemption request) in excess of **ten** (10) times the amount of the estimated tax obligation of the current assessment.

**All asset information, as requested in the Application for Poverty Exemption, must be completed in total. The Board of Review may request additional information and verification of assets if they determine it to be necessary and may deny any application if the assets are not properly identified.**

# CITY OF WARREN POVERTY EXEMPTION APPLICATION TAX YEAR 2024

## DOCUMENTS

**YOU MUST COMPLETE THIS APPLICATION IN FULL (ALL 8 PAGES) WITH SIGNATURES AND RETURN IT TO THE ASSESSING OFFICE WITH COPIES OF THE FOLLOWING DOCUMENTS FOR ALL ADULTS IN THE HOME: (PLEASE ONLY PROVIDE COPIES)**

- A valid driver’s license or other legal form of photo-identification **from all adults.**
- Proof of **all income sources**, (Check Stubs, **W-2s**, Pensions, Government checks, etc.).
- State Income Tax return **MI 1040** (if required to file), **and** Homestead Tax Credit **MI 1040 CR** (which you are expected to file), filed in the current year or the immediately preceding year.
- Federal Income Tax return **1040** or **1040a**, (if required to file).
- Copy of Social Security Benefit Statements, forms **SSA-1099, SSI** statements.
- Copy of **all bank statements** including checking and savings for the past six (6) months.
- Copy of **all debt and/or credit card statements** for the past six (6) months.
- Copy of Buyers Settlement Statement if the property transferred in the current year or two years prior.
- Copy of **Credit Report for all adults in home.** Free credit reports are allowed by Federal Law. Please go to [www.AnnualCreditReport.com](http://www.AnnualCreditReport.com) for your free Report. Please see attached web site information.

**IF NOT REQUIRED TO FILE A FEDERAL OR STATE INCOME TAX RETURN, A FILING EXEMPTION AFFIDAVIT MUST ACCOMPANY THIS APPLICATION.** (Form 4988 – Michigan Dep’t. of Treasury included in this application).

## ADDITIONAL ASSISTANCE

Do you receive assistance or are household expenses paid for by **any other person** NOT LISTED PRIOR? No \_\_\_\_\_ Yes \_\_\_\_\_ If **Yes**, please provide a letter from the party including exactly what is paid, when and how much. Person’s Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## PROPERTY

Are you and/or your spouse the sole owners of the property? No \_\_\_\_\_ Yes \_\_\_\_\_

If no, list all owners and their percentage of ownership. \_\_\_\_\_

Is the home paid in full? No \_\_\_\_\_ Yes \_\_\_\_\_

If no, does the payment includes taxes (Escrowed) No \_\_\_\_\_ Yes \_\_\_\_\_

Do you owe any delinquent mortgage payments? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, amount \$ \_\_\_\_\_

Do you owe any delinquent taxes? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please list the year(s) and amount(s) \_\_\_\_\_

Do you expect to sell the home for which the tax relief is being sought in the next year? No \_\_\_\_\_ Yes \_\_\_\_\_

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

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Are there any changes or additions that need to be made to the property? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**HOUSEHOLD RESOURCES**

Has your income significantly changed in the last year? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you or your spouse sold any interest in real estate in the last 2 years? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please provide complete address, date sold and sale price: \_\_\_\_\_

Does your household receive Food Stamps? No \_\_\_ Yes\_\_\_ Amount \$ \_\_\_\_\_ per month.

Does your household receive WIC? No \_\_\_ Yes\_\_\_ Amount \$ \_\_\_\_\_ per month.

Does your household receive School lunches? No \_\_\_ Yes\_\_\_ Amount \$ \_\_\_\_\_ per month.

Does your household receive Utility assistance? No \_\_\_ Yes\_\_\_ Amount \$ \_\_\_\_\_ per month.

Does **anyone in your household** receive Medicaid Benefits? No \_\_\_ Yes \_\_\_

List all people who receive this benefit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does **anyone in your household** receive educational or tuition assistance such as financial aid, scholarships, grants, fellowships or educational trust disbursements? No \_\_\_ Yes\_\_\_

Name of person or persons and amount of assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have your expenses significantly changed in the last year? No \_\_\_ Yes \_\_\_

If yes, please explain: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



Poverty Exemptions are granted for a 1-year period. These exemptions are intended to temporarily assist homeowners who are experiencing an unplanned hardship due to temporary short-term circumstances.

**It is expected that the applicant will prepare a plan to rectify the hardship situation at their earliest opportunity. Please explain your plan below:** \_\_\_\_\_

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**APPLICANT CERTIFICATION**

Please initial EACH applicable statement.

\_\_\_\_\_ I/We understand that the statements contained in this application are true to the best of my/our knowledge.

\_\_\_\_\_ I/We also understand that this application will be denied or revoked, regardless of income, if the financial hardship appears to be self-created by the actions of the person or persons making the application. The Board of Review shall also reject any application where the information contained in it appears fraudulent, misleading or incomplete. An application is considered incomplete when required supporting documents and information is not included with the application.

\_\_\_\_\_ I/we understand this application for exemption is for the tax year of 2024.

\_\_\_\_\_ I/We have received a copy of and understand the Poverty Exemption Guidelines.

\_\_\_\_\_ I/We hereby authorize the City of Warren Assessing Department to verify and or obtain information from any creditor, financial institution, government agency, insurance company or any other organization necessary for the purpose of this application of poverty exemption.

\_\_\_\_\_ I/We certify that I/We did not file a State or Federal Income Tax Return (1040 or MI 1040) or Michigan Homestead Property Tax Credit ( MI-CR) in the year 2023 due to being exempt from filing, and have attached an Income Tax Exemption Affidavit for each person residing in the residence who was not required to file in the year 2023. **If yes, you must also fill out the attached "Poverty Exemption Affidavit" (Form 4988).**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name of Preparer if other than applicant: \_\_\_\_\_  
(Please Print)

This application and supporting documents must be returned to:

**City of Warren, Assessors Office  
One City Square  
Warren, MI 48093**

**Attn: Board of Review**

## 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

**PART 4: EMPLOYMENT INFORMATION** — List your current employment information.

Name of Employer			
Address of Employer	City	State	ZIP Code
Contact Person	Employer Telephone Number		

**PART 5: INCOME SOURCES**

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 (indicate which)

**PART 6: 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, for all persons residing at the property.

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

**PART 7: LIFE INSURANCE** — List all policies held by all household members.

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

**PART 8: 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 & Model	Year & Mileage	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

**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

**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
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**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)

## Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

**INSTRUCTIONS:** When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

I, \_\_\_\_\_, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Affidavit

\_\_\_\_\_  
Date

# Annual Credit Report.com

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## You've found your dream house. Are your credit reports ready?

People with good credit should check their credit reports too. Regular checks ensure the information stays accurate. Your good credit will be ready when you need it.

[Learn what to look for](#)

PAUSE

SPOT IDENTITY THEFT

GOOD CREDIT

DON'T BE FOOLED

MORE THAN A SCORE

NOT LIKE THE OTHERS



### Your credit reports matter.

- Credit reports may affect your mortgage rates, credit card approvals, apartment requests, or even your job application.
- Reviewing credit reports helps you catch signs of identity theft early.

[Request your free credit reports](#)

### FREE Credit Reports. Federal law allows you to:

- Get a free copy of your credit report every 12 months from each credit reporting company.
- Ensure that the information on all of your credit reports is correct and up to date.

### BROUGHT TO YOU BY





## 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.

<b>PART 1: OWNER INFORMATION — Enter information for the person owning and occupying the residence.</b>			
Owner Name		Owner Telephone Number	
Mailing Address	City	State	ZIP Code
<b>PART 2: LEGAL DESIGNEE INFORMATION (Complete if applicable.)</b>			
Legal Designee Name		Daytime Telephone Number	
Mailing Address	City	State	ZIP Code
<b>PART 3: HOMESTEAD PROPERTY INFORMATION— Enter information for property in which the exemption is being claimed.</b>			
City or Township (check the appropriate box and enter name)		County	
<input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village			
Name of Local School District			
Parcel Identification Number		Year(s) Exemption Previously Granted by Board of Review	
Homestead Property Address	City	State	ZIP Code
<b>PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (Check all boxes that apply.)</b>			
<input type="checkbox"/> I own the property in which the exemption is being claimed.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<b>PART 5: CERTIFICATION</b>			
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.			
<b>LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)</b>			
Approved	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	