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

January 2, 2025

Dear Warren Property Owner:

Enclosed are the City of Warren's 2025 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 **MUST BE COMPLETED IN ITS ENTIRETY AND TIMELY FILED OR IT WILL NOT BE CONSIDERED**. Follow the instructions in the guidelines carefully and provide **ALL** of the documentation required. Applications and supporting documents must be filed with the City Assessor for review of completeness and eligibility compliance. 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 a notarized Letter of Authorization. The Representative will be required to present photo identification along with the letter.

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. Additional documentation may be requested. 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 application and supporting documents and will make a decision as to your eligibility for relief based on the information filed.

The 2025 Board of Review will meet in the Conference Center on the 1st 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 2025, the meeting dates and filing deadlines are as follows:

March Board of Review	**Meeting Dates: March 17, 18 & 19, 2025** **Application Due by 5:00 p.m. on March 17, 2025***
July Board of Review	**Meeting Date: July 22, 2025** **Application Due by 5:00 p.m. on July 18, 2025***
December Board of Review	**Meeting Date: December 9, 2025** **Application Due by 5:00 p.m. on December 5, 2025***

**Due dates subject to change if meeting dates are extended*

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

CITY OF WARREN
2025
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 01/28/2025

In order to qualify for the Poverty Exemption, the claimant must meet the requirements set forth in this application. 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.

- Poverty Exemptions are intended to assist those who are in **temporary** financial hardship and are not intended as a permanent or continuous subsidy.

- 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.

- 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.

- The Board of Review may deny any application, 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.

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.

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.

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** cannot exceed $7,500.
2. Applicants must not own interest in any other real estate other than their principle residence.
3. The principle residence and the lowest valued automobile are exempt from the asset test.
4. The total value of fixed assets shall not exceed $35,000. Fixed assets include but are not limited to: Household automobiles, recreational vehicles including; 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 TAX YEAR 2025

The following are the federal poverty income standards, which are updated annually by the United States Department of Health and Human Services, for the 2025 tax year.

Household Size	Federal Limit	Adjusted Annual Household Limit
1	$15,060	$18,825
2	$20,440	$25,550
3	$25,820	$32,275
4	$31,200	$39,000
5	$36,580	$45,725
6	$41,960	$52,450
7	$47,340	$59,175
8	$52,720	$65,900
+1	$5,380	$6,725

The following checklist must be completed and returned with your application:

- ❖ Provide documents for the applicant, spouse and all other persons residing in the household.
- ❖ Submit the most recent document unless otherwise specified.
- ❖ Provide copies, not originals as anything provided will not be returned.
- ❖ If any item on the checklist does not apply write “N/A” to indicate not applicable for that line item.

____ Federal Income Tax Return (1040 or 1040A), completed and signed.

____ State of Michigan Income Tax Return (MI-1040), completed and signed.

____ Treasury Form 4988 (included) for all persons residing in the residence who were not required to file a tax return in the immediately preceding year

____ Michigan Homestead Property Tax Credit Claim (MI-1040CR), completed and signed.

____ Full credit report(s) for all persons over 18 residing in the home. Information on how to get a free credit report included with application

____ Bank and/or credit union statements, for the immediately preceding twelve months, of all checking and savings accounts for all persons residing in the household

____ W-2 Forms

____ Social security statement

____ Pension – 1099 statements

____ Unemployment benefits statements

____ Insurance or annuity payment statements

____ Alimony payments

____ Child support payments

____ IRA or investment account statements

____ Certificates of deposit

____ Stocks and bonds

____ List of regular contributions or gifts or loans from persons not living in the home for the prior 12 months

____ List of money received from the sale of property such as a house, car, stocks or bonds in the prior 12 months

____ Second mortgage or equity loan statement

____ If home was purchased in the last 3 years, a copy of the closing statement

____ List and current value of other property owned by applicant(s) such as other homes, rental property, commercial buildings, vacant land

____ Copies of vehicle registrations for all vehicles in the household

____ All debt and credit card statements for the immediately preceding six months.

____ Driver's License and/or Identification for everyone 18 years and older residing in home.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Received By: _____ Date _____

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.

PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information.

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
___ Check if applied for Homestead Property Tax Credit		Amount of Homestead Property Tax Credit		

PART 2: 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 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		

PART 3: ADDITIONAL PROPERTY INFORMATION

List information related to any other property owned by you or any member residing in the household.

____ 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

Continue on Page 2

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

Continue on Page 3

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)

Continue and sign on Page 4

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**

Supporting Questions for Poverty Application 2025

Please answer the following questions in their entirety

Additional Assistance & Income

Do you receive assistance or are household expenses paid for by **any other person** not listed in this application? Yes ____ No ____

- If **yes,** please provide a letter from the party including what is paid, when and amount of assistance.

Name:_____

Relationship:_____

Has your income significantly changed in the last year? Yes ____ No ____

- If **yes**, please explain

_____

_____

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

- If **yes**, please provide complete address(es), date sold & sale price:

_____

_____

Property

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

- If **no**, list all owners and their percentage of ownership.

_____

_____

Is the principal residence paid in full? Yes ____ No ____

Do you owe any delinquent mortgage payments? Yes ____ No ____

- If **yes**, amount _____

Do you owe any delinquent taxes? Yes ____ No ____

- If **yes**, please list the year(s) and amount(s) _____

Have any improvements, changes or additions been made to the property in the last two (2) years? Yes ____ No ____

- If **yes**, please explain

_____

_____

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

- If **yes**, please explain

_____

_____

Household Resources

		Monthly amount
Does your household receive food stamps?	Yes ____ No ____	$ _____
Does your household receive WIC?	Yes ____ No ____	$ _____
Does your household receive school lunches?	Yes ____ No ____	$ _____
Does your household receive utility assistance?	Yes ____ No ____	$ _____

Does anyone in your household receive Medicaid Benefits? Yes ____ No ____

- If **yes**, list all the people that receive this benefit:

_____

_____

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

- Name of person(s) that receive this benefit

_____

_____

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

- If **yes**, please explain

_____

_____

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

- 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-termed 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 acknowledge that the statements contained in this application are true to the best of my knowledge.

_____ I 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 understand this application for exemption is for the tax year of 2025.

_____ I have received a copy of and understand the Poverty Exemption Guidelines.

_____ I 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 certify that I did not file a State or Federal Income Tax Return (1040 or MI 1040) or in the year 2024 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 2024. 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

Michigan Department of Treasury
4988 (05-12)

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

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- 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.

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Michigan Department of Treasury
5739 (01-21)

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) ☐ City ☐ Township ☐ 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)

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