

# City of Lincoln Park

## Office of the Assessor

1355 Southfield Road, Lincoln Park, MI 48146  
(313) 386-1800, Ext. 1239 - Email: lrowley@citylp.com

### 2016 POVERTY EXEMPTION APPLICATION

(As authorized under the provision of the General Property Tax Act of 1893, as amended)

**APPLICATION IS DUE BY: February 29, 2016 / July 5, 2016 / December 1, 2016**

PARCEL NO \_\_\_\_\_ ADDRESS \_\_\_\_\_

I, \_\_\_\_\_, Phone# \_\_\_\_\_

PRINT FULL NAME

Being the owner and resident of the property listed below, I desire to apply for Tax Relief under Section 7D of the Michigan General Property Tax Act: (The real property of persons who, in the judgment of the Assessor and Board of Review, by reason of poverty, are unable to contribute toward the public charges are exempt from tax under this act).

#### GUIDELINES FOR POVERTY EXEMPTIONS (MCL 211. 7u)

1. In order to be eligible for the poverty exemption, the claimant must do all of the following on an ANNUAL basis:

- A. Own & occupy the property claiming a homestead for which the exemption is requested. Proof of ownership may be requested.
- B. File an appeal with the Board of Review in person, by appointment only or through an agent authorized in writing by the property owner.
- C. All applications must be received at the Assessor's Office prior to the final session of the Board of Review.
- D. Provide **COPIES** of most **current and/or previous year of the following;**

VERY IMPORTANT  
PLEASE READ  
CAREFULLY

- 1. **Valid Driver's License or State ID.**
- 2. **Federal and State Income Tax Returns**
- 3. **All W-2's/1099's from Social Security and SSI, Pensions**
- 4. **Unemployment Benefits and proof of any other Income received for all persons residing in your household (see guideline #5 for an explanation of all income you must report).**
- 5. **Michigan State Income Tax Return (MI 1040), and/or the Michigan Homestead Credit (MI 1040-CR) will be required for proof of income amount of refund verification.**

- E. An explanation will be required for all household members over the age of 18 who are not cited as contributing to the household income.
- F. An Asset Level test shall be required in the determination of eligibility for a Poverty Exemption and that level shall not exceed \$30,000 (excluding house you live in and car).
- G. **FAILURE TO COMPLETE ALL AREAS OF THIS APPLICATION MAY RESULT IN A DENIAL OF THE POVERTY EXEMPTION.**

2. The income levels must meet the following poverty income standards as deemed and determined by the City Of Lincoln Park. Guidelines include the income of the entire household.

# OF PERSONS IN HOUSEHOLD	2016 POVERTY GUIDELINES
1.....	\$14,200
2.....	\$16,700
3.....	\$21,000
4.....	\$25,000
5.....	\$29,000
6.....	\$33,000
7.....	\$38,000
8.....	\$41,000
For each additional person add.....	\$ 4,200

3. Have an annual taxable and non-taxable interest/dividend income less than \$1,700.
4. Taxes must exceed 3.5% of total income and assets.
5. Income and assets include but are not limited to:
  - A. Money wages and salaries before deductions.
  - B. Net receipts from non-farm self-employment. These are receipts from a person’s own business, professional enterprise or partnership, after deductions for business expenses.
  - C. Regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers’ compensation, veterans’ payments, public assistance, (including Aid to families with Dependent Children, Supplemental Security Income, Emergency Assistance money payments, and non federally funded General Assistance of General Relief money payments).
  - D. Alimony, child support, and military family allotment or other regular support from an absent family member or someone not living in the household.
  - E. Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments.
  - F. College or university scholarships, grants fellowships, and assistantships,
  - G. Dividends, interest, net rental income, net royalties, periodic receipts from estates or trust, and gambling or lottery winnings.
6. The property must be the claimant’s principal residence and qualify for the principle resident exemption as their homestead to be considered for the Poverty Exemption.
7. **UNDER THE FREEDOM OF INFORMATION ACT ALL RECORDS SUBMITTED TO THE BOARD OF REVIEW ARE PUBLIC RECORD. PLEASE “BLACK OUT” ALL SOCIAL SECURITY NUMBERS ON ALL INFORMATION SUBMITTED TO THE ASSESSOR’S OFFICE.**
8. **PA 390** requires that local assessing units make available to the public their policies and guidelines for granting of poverty exemptions.
9. The Board of Review will follow the policies and guidelines of the local assessing unit when granting or denying a poverty exemption. The same standards will apply to each claimant in the unit for the assessment year “unless the Board of Review determines there are substantial and compelling reasons why there should be a deviation from the policy and guidelines.”
10. A claimant may request a poverty exemption and appeal the property’s assessment to the March board of Review at the same time. A claimant may request a poverty exemption at the July and December Board of Review. **Only one request per year per household will be heard by the Board of Review.**
11. A property owner may appeal the **March Board of Review’s decision** on poverty exemptions to the Michigan Tax Tribunal. **This appeal must be made in writing by June 30<sup>th</sup>, 2016.**
12. Applicants for Poverty Exemption must also comply with MCL 211.118:Perjury: any person who, under any of the proceedings required or permitted by this act will willfully swear falsely, will be guilty of the perjury and subject to its penalties.

**PLEASE COMPLETE THIS ENTIRE FORM  
IF SOMETHING DOES NOT APPLY TO YOU, PLEASE WRITE IN “N/A”**

<b>MARITAL STATUS</b>				
Married_____	Single_____	Separated_____	Divorced_____	Widowed_____

<b>AGE OF APPLICANT</b> _____	<b>BIRTHDATE</b> ____/____/_____
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<p><b>Did you Apply for the Property Tax Credit through the State of Michigan? (MI-1040CR)</b></p> <p style="text-align: center;">YES____ NO____</p> <p>If YES, how much was your Property Tax Credit: \$_____</p> <p>If NO, Why? _____</p>
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<b>NAME OF EMPLOYER:</b>
<b>ADDRESS OF EMPLOYER:</b>

**LIST ALL INCOME FROM:** Salaries, Social Security, Social Services (ADC, Food Stamps, etc.), Rents, Pension, Unemployment Compensation, Disability, Government Pensions, Dividends, Worker’s Compensation, Union, Claims and Lawsuits, Alimony, Child Support, Financial help from family or friends or any other source (see Guideline #5).

If additional space is required, please use a separate sheet of paper.

Name of Person Earning Income	Source of Income	Amount Per Year

<b>BANK ACCOUNTS &amp; SAVINGS:</b> List all bank accounts owned by you or your spouse. Also Savings Certificates, Postal Savings and Cash in Deposit boxes, on hand or on deposit in Credit Unions.			
Name of Bank or C/U	Balance	Name(s) on Account	Amt. & Date of last entry

<b>STOCKS, BONDS, MORTGAGES and/or LAND CONTRACTS</b>
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Owned by your or your Spouse	Current Value	Dividend, Interest & Amt. Rec'd

**LIFE INSURANCE:** List all policies held by you and all members of your household.

Name of Insured	Face Amt. of Policy	Monthly Payment	Paid up Policies	Name & Relationship of Beneficiary

**REAL ESTATE**

Is the home paid in full?	Yes ___ NO ___
If not, what is the unpaid balance?	\$ _____
What is the Monthly Payment?	\$ _____
How long have you lived at this address?	_____
Do you Own or are you buying any other Property?	Yes ___ NO ___
If yes, list below any other property you own or are buying:	

ADDRESS	NAME(S) ON TITLE	VALUE	INCOME FROM PROPERTY

**ASSET LISTING:** List all Assets owned or controlled by you and their value (excluding home and vehicles) (i.e.: boats, coin collections, art objects, antiques, silver, gold, etc.)

Type of Asset	Value	Owner(s)

**MOTOR VEHICLES IN HOUSEHOLD:**

Make	Year	Monthly Payment	Balance

**LIST ALL PERSONS LIVING WITH YOU AND IF THEY ARE OVER THE AGE OF 18, PLEASE LIST THEIR INCOME ALSO.**

Last Name	First Name	Age	Relationship	Income

**PLEASE INCLUDE EXPLANATION IF ANYONE OVER THE AGE OF 18 IS LIVING WITH YOU AND THEY ARE NOT CONTRIBUTING TO THE HOUSEHOLD INCOME.**


**PLEASE LIST ALL PERSONS WHO SEND YOU MONEY OR HELP WITH YOUR FINANCES AND HOW MUCH.**

Last Name	First Name	Relationship	How Much

**PERSONAL DEBTS: What do you Owe?**

To Whom	For What	Date of Debt	Original Amt.	Monthly Pmt.	Balance

**LIST all other monthly obligations (medical related expenses must include receipts or other proof). If you need more space, please include a separate sheet of paper.**

To Whom	\$ Amount	To Whom	\$ Amount

**Is there any other Information you wish to add?**


**PARCEL ID#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**IMPORTANT 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.

A **COPY** of your latest **Federal Income Tax Return, State Income Tax Return (MI-1040), and your Homestead Property Tax Credit claim (MI-1040CR 1, 2, 3 or 4) and any W-Forms, 1099 Forms, or any other forms to prove your income must be included.**

The undersigned being duly sworn deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

\_\_\_\_\_

**Petitioner's Signature** **Date**

**This application must be returned to the City of Lincoln Park Assessor's Office, 1355 Southfield Rd.**

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<b>FOR BOARD OF REVIEW USE ONLY</b>		
<b>Denied</b>	<b>Assessed Value \$</b> _____	<b>Reduced to \$</b> _____
<b>Approved</b>	<b>Taxable Value \$</b> _____	<b>Reduced to \$</b> _____

<b>Reason for DENIAL:</b>

<b>Board Members:</b>			
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