

Supervisor's Initials

**HARDSHIP APPLICANT CHECKLIST**

You must provide 2018 Federal and Michigan tax returns for all persons living in the household.

2018 FEDERAL INCOME TAX RETURN

2018 STATE OF MICHIGAN INCOME TAX RETURN

2018 MI-1040CR HOMESTEAD PROPERTY TAX CREDIT FORM

SOCIAL SECURITY ADMINISTRATION STATEMENT OF MONIES RECEIVED

COMPLETED & SIGNED APPLICATION

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**This application shall be filed after January 1 but before the last day of July or December Board of Review to the address below.**

Board of Review  
c/o Supervisor or Assessor  
Charter Township of Milford  
1100 Atlantic  
Milford, MI 48381

First time applicants should appear in person before the Board of Review. All Applicants are encouraged to be available via phone on the date of the meeting for questioning.

**Decisions of the March Board of Review may be appealed in writing to the Michigan Tax Tribunal by July 31 of the current year. July or December Board of Review denials may be appealed to the Michigan Tax Tribunal within 30 days of the denial. A copy of the Board of Review decision must be included with the filing.**

Michigan Tax Tribunal  
PO Box 30232  
Lansing, MI 48909  
Phone: 517-373-3003  
Fax: 517-373-1633  
E-mail: [taxtrib@michigan.gov](mailto:taxtrib@michigan.gov)

**MILFORD TOWNSHIP POVERTY EXEMPTION APPLICATION**

CONFIDENTIAL INFORMATION

2019

**Name:** \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

**Address and Parcel Number of Property to be Exempted:**

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

Parcel #: \_\_\_\_\_

**Legal Ownership/Title Held By:**

(All persons, firms, corporations, etc. who hold an interest in above)

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

**Marital Status:**

Married:  Single:  Divorced:  Separated:  Widowed:

**Are you Disabled:**

No:  Yes:

Describe: \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Real Estate Information:**

Is the above property paid in full? \_\_\_\_\_

If NO, balance owed: \_\_\_\_\_  
To Whom: \_\_\_\_\_

Monthly Payment (Principal & Interest Only): \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

Do you own, are buying, or have interest in other property? \_\_\_\_\_

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

Date Purchased/Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Estimated Current Value: \_\_\_\_\_

Co-Owner and Address: \_\_\_\_\_

\_\_\_\_\_

Please attach additional pages that contain information for property in which you hold interest.

Is any portion of the referenced property used for business purposes? \_\_\_\_\_

If yes, please provide the following:

Business Name: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Income for Business: \_\_\_\_\_

**ASSET LISTING**

Please list all assets owned or controlled by you and their value.

- Cash (Checking Accounts) \_\_\_\_\_
- Savings Account(s) \_\_\_\_\_
- Certificates of Deposit \_\_\_\_\_
- Money Market Accounts \_\_\_\_\_
- Stocks \_\_\_\_\_
- Bonds \_\_\_\_\_
- Treasury Bills \_\_\_\_\_
- Insurance \_\_\_\_\_
- IRA \_\_\_\_\_
- Keogh Annuities \_\_\_\_\_
- Deferred Compensation \_\_\_\_\_
- Vested Retirement Plans \_\_\_\_\_
- Antiques \_\_\_\_\_
- Automobiles \_\_\_\_\_
- Trucks \_\_\_\_\_
- Trailers \_\_\_\_\_
- Boats \_\_\_\_\_
- Recreational Vehicles \_\_\_\_\_
- Other \_\_\_\_\_
  
- TOTAL VALUE** \_\_\_\_\_

Comments/Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVERAGE MONTHLY EXPENSES**

(previous year)

Rent/House Payment (P & I Only)	_____
Life Insurance	_____
Health Insurance	_____
Home Insurance	_____
Auto Insurance	_____
Taxes (Homestead)	_____
Taxes (Other Property)	_____
Special Assessments	_____
Utilities:	
Gas and Oil	_____
Electricity	_____
Telephone	_____
Water & Sewer	_____
Child Care	_____
Food/Groceries	_____
Clothing	_____
Other Loans	_____
Non-Reimbursed Medical	_____
Lawn Care/Snow Removal	_____
Cable	_____
Other (Specify) _____	_____
_____	_____
_____	_____
<b>TOTAL EXPENSES</b>	_____

**(Verification of expenses may be required)**

**Below, please list all persons who "domiciled" in the homestead during the last calendar year and the amount of time in the referenced homestead. Complete the following information for each individual who considered this his/her domicile. (Attach additional sheets as necessary) The word 'domicile' is used in this application as follows:**

*"That place to which an individual considers to be his/her residence.  
It is the place in which you plan to return whenever you go away."*

**Residents:**

<b>Name:</b> _____	<b>Name:</b> _____
Age: _____	Age: _____
Relationship: _____	Relationship: _____
Occupation: _____	Occupation: _____
Annual Income: _____	Annual Income: _____
Period of Time in Domicile: _____	Period of Time in Domicile: _____

**Dependents Claimed by Applicant:**

<b>Name:</b> _____	<b>Name:</b> _____
Age: _____	Age: _____
Relationship: _____	Relationship: _____
Occupation: _____	Occupation: _____
Annual Income: _____	Annual Income: _____

**Other persons domiciled in the homestead:**

Names: \_\_\_\_\_  
Names: \_\_\_\_\_  
Names: \_\_\_\_\_

**Contributors of Support:**

Person/Organization: \_\_\_\_\_  
Amount (indicate weekly, monthly, annually) \_\_\_\_\_

Person/Organization: \_\_\_\_\_  
Amount (indicate weekly, monthly, annually) \_\_\_\_\_

Person/Organization: \_\_\_\_\_  
Amount (indicate weekly, monthly, annually) \_\_\_\_\_

**Please list all sources of public assistance you received during the last calendar year.**

<b>Source:</b> _____	<b>Source:</b> _____
<b>Amount:</b> _____	<b>Amount:</b> _____

**INCOME SOURCES**

Amount received from each source of annual personal income for the past year

Wages, Salaries, Tips	_____
Strike and sub-pay	_____
Interest & Dividend Income	_____
Gross Rent from Business	_____
Royalty Income	_____
Retirement Pension	_____
Annuity Benefits	_____
Farm Income	_____
Capital Gains	_____
Alimony	_____
Social Security, SSI, Railroad	_____
Child Support	_____
Unemployment Compensation	_____
TRA Benefits	_____
Workers Compensation	_____
Veterans Disability Compensation	_____
Aid to Dependent Children (ADC)	_____
GA Benefits	_____
All Public Assistance Payments	_____
All Other Taxable Income	_____
All Othe Non-Taxable Income	_____
Reverse Mortgage	_____
Other (Specify	_____
<b>TOTAL INCOME</b>	_____

Please list total income from all sources of everyone domiciled at your homestead for the following calendar years:

2017 \_\_\_\_\_ 2018 \_\_\_\_\_

Please relate any other information regarding your circumstances that you would like to bring to the attention of the Board of Review. Use other side of form if necessary.

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**Certification by Applicant for Poverty Application**

I/We am/are unable to pay the full property taxes on the aforementioned property and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I/We declare the statements made herein are complete, true and correct to the best of my/our knowledge. I/We further understand if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability in accordance with Section 211.119 of the Michigan Compiled Laws. I/We further understand that any willful misstatements or misrepresentations made on this form may constitute perjury which, under law, is a felony and punishable by fine and/or imprisonment.



\_\_\_\_\_  
Signature of Applicant

Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Phone: \_\_\_\_\_

Dated: \_\_\_\_\_



**OAKLAND COUNTY  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**2009 INCOME LIMITS  
ESTABLISHED BY THE U.S. DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT  
(Effective 3.10.2009)**

PERSONS PER HOUSEHOLD	EXTREMELY LOW INCOME		VERY LOW INCOME		LOW INCOME	
	30 %		50 %		80 %	
1	14,900		24,850		39,750	
2	17,050		28,400		45,450	
3	19,150		31,950		51,100	
4	21,300		35,500		56,800	
5	23,000		38,350		61,350	
6	24,700		41,200		65,900	
7	26,400		44,000		70,450	
8	28,100		46,850		75,000	

## 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