Supervisor's Initials ☐

HARDSHIP APPLICANT CHECKLIST

You must provide 2016 Federal and Michigan tax returns for all persons living in the household.

- ☐ 2016 FEDERAL INCOME TAX RETURN
- ☐ 2016 STATE OF MICHIGAN INCOME TAX RETURN
- ☐ 2016 MI-1040CR HOMESTEAD PROPERTY TAX CREDIT FORM
- ☐ SOCIAL SECURITY ADMINISTRATION STATEMENT OF MONIES RECEIVED
- ☐ COMPLETED & SIGNED APPLICATION

Applicant Signature _____

Date _____

MILFORD TOWNSHIP POVERTY EXEMPTION APPLICATION

CONFIDENTIAL INFORMATION **2017**

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 vallue.

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 _____

Utilies:

Gas and Oil _____

Electricity _____

Telephone _____

Water & Sewer _____

Child Care _____

Food/Groceries _____

Clothing _____

Other Loans _____

Non-Reimbursed Medical _____

Lawn Care/Snow Removal _____

Cable _____

Other (Specify) _____ _____

_____ _____

_____ _____

TOTAL EXPENSES _____

(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:

Name: _____ **Name:** _____

Age: _____ Age: _____
Relationship: _____ Relationship: _____
Occupation: _____ Occupation: _____
Annual Income: _____ Annual Income: _____
Period of Time in Domicile: _____ Period of Time in Domicile: _____

Dependents Claimed by Applicant:

Name: _____ **Name:** _____

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.

Source: _____ **Source:** _____

Amount: _____ **Amount:** _____

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	_____
TOTAL INCOME	_____

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

2015 _____ 2016 _____

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.

_____

_____

_____

_____

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 additonal 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 imprisionment.

_____
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 30 %	VERY LOW INCOME 50 %	LOW INCOME 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

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