



**GRAND RAPIDS TOWNSHIP**

**POVERTY EXEMPTION APPLICATION AND CHECKLIST**

I, \_\_\_\_\_, being the owner and resident of the property listed below, apply for tax relief for tax year \_\_\_\_\_ under MCL 211.7u of the Michigan General Property Tax Act (The real and personal 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 is eligible for exemption in whole or in part from taxation under this act.).

Name of Applicant: \_\_\_\_\_ Age of Applicant: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Age of Spouse: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Principal Residence Exemption % \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List all dependants below:

Name	Relationship to Applicant	Age

**INCOME**

State Law now requires that claimants under MCL 211.7u submit copies of **“Federal and State Income Tax returns for all persons residing in the Homestead including any property tax credit returns, filed in the immediately preceding year or in the current year.”** Submit these documents with this application.

Name of employer: \_\_\_\_\_ Length of time employed \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Gross monthly income: \_\_\_\_\_

List all income from spouse and dependents below:

Name	Source of Income	Monthly or Annual Amount

List all other sources of income from Social Security, rents, pensions, unemployment compensation, disability, government pensions, retirement account, workers' compensation, dividends, claims, and judgments from lawsuits, alimony, child support and any other source, including regular, recurrent payments from non-household members. Periodic payments from non-household members do not include sporadic payments or gifts.

Source	Monthly or Annual Amount

**ASSETS**

**REAL ESTATE:** Is home paid for? \_\_\_\_\_ Unpaid balance \_\_\_\_\_

Name of mortgage Company \_\_\_\_\_ Monthly payment \_\_\_\_\_

How long have you lived in this residence? \_\_\_\_\_

Do you own or are you purchasing other property? \_\_\_\_\_

If so, list below:

Property Address	Name of Owner	Assessed Value	Amount and Date of Last Taxes Paid

Amount of income earned from above properties: \_\_\_\_\_

**SAVINGS AND INVESTMENTS:** List all savings owned by you or you spouse; including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments.

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

**MOTOR VEHICLES IN HOUSEHOLD:** List all titled and non-titled motor vehicles as well as recreation vehicles.

Make	Year	Value	Monthly Payment	Balance Owed

**OTHER ASSETS:** List all other assets and their values that are owned or controlled by you.

Type of Asset	Value	Income Derived from Asset	Owner

**LIABILITIES AND EXPENSES**

**MONTHLY EXPENSES:**

Electricity \_\_\_\_\_ Gas \_\_\_\_\_ Telephone \_\_\_\_\_

Other (specify)

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**PERSONAL LIABILITES:**

Creditor	Debtor	Monthly Payment	Balance Owed

**OTHER INFORMATION AND COMMENTS**

Use the space below to explain any hardships or provide further information that you feel would assist the Board of Review Members in reaching a decision for this request.

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**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.

**NOTICE:** A copy of the latest income tax return (MI-1040), for all persons living in the home, and your Homestead Property Tax Credit claim (MI-1040CR 1, 2, 3, or 4) must be attached as proof of income.

**NOTE:** Do not sign this application until witnessed by the Assessor, Board of Review, or a Notary Public.

**STATE OF MICHIGAN  
COUNTY OF KENT**

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 listed herein.

\_\_\_\_\_  
Petitioner's signature(s)

\_\_\_\_\_  
Petitioner's signature(s)

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

Title: \_\_\_\_\_

\_\_\_\_\_  
Assessor, Board of Review Member, Notary Public

\*\*This application shall be filed after January 1<sup>st</sup> and before the day prior to the last day of the Board of Review. Decisions regarding this application can be appealed to the Michigan Tax Tribunal.

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**BOARD OF REVIEW USE ONLY**

Parcel Number: \_\_\_\_\_ Address: \_\_\_\_\_

**Disposition by Board of Review Dated** \_\_\_\_\_

Denied: \_\_\_\_\_

Approved: \_\_\_\_\_

Assessment reduced to: \_\_\_\_\_

Chairperson \_\_\_\_\_ Second Member \_\_\_\_\_

Third Member \_\_\_\_\_ Secretary \_\_\_\_\_