

Sparta Township, Kent County

Principal Residence Poverty Exemptions

UNIFORM APPLICATION PROCEDURE

1. Applicant(s) will be eligible for consideration if they meet the income requirements of **“Poverty Thresholds”** as recommended by the United States Office of Management and Budget and published annually by the Bureau of the Census.
2. Applicant(s) will not be eligible for consideration if the income as reported for their federal and state income tax returns is greater than the income limitation guidelines as published annually by the Bureau of the Census.
3. Applicant(s) must be the sole owner(s) and occupy the homestead or agricultural property for which the exemption is being sought. The property must have a valid homestead exemption. The Applicant(s) must provide the following information if requested to the Board of Review.
 - A valid drivers license, voter registration, or other acceptable method of identification
 - A deed, land contract, or other evidence of ownership if the property owners name does not match the applicants name.
4. All applicants must complete the application form in its entirety and return it, in person, to the Secretary of the Board of Review.
5. All applicants and other persons residing in the homestead are required to provide copies of the following information from the current or immediately preceding year.
 - Federal Income Tax Return – 1040, 1040A or 1040EZ
 - W-2 Forms
 - State Income Tax Return, including MI-1040 CR

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- Statement from Social Services and/or Michigan Social Services as to benefits received during the previous year if you did not file a return.
6. Applicants must provide additional gross income documentation from the following sources:
- Interest Income Statements
 - Dividend Income Statements
 - Pension Benefit Statements
 - Unemployment Compensation
 - Workman's Compensation Benefit Statements
 - General Assistance Benefit Statements
 - Public Assistance Benefit Statements
 - Aid Dependant Child
 - Alimony Documentation
 - Child Support Documentation
 - Insurance
 - Gifts and Other Income
7. All property taxes shall be paid and current on the property.
8. All applicant(s) will be evaluated based on data submitted and testimony given, along with information gathered from any source as chosen by the Board of Review.
9. Any successful applicant may be subject to investigation of their financial and property records. This investigation will be performed in order to verify information used to support the applicant's claim of poverty.

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*******NOTICE*******

Any willful misstatements or misrepresentations made on the "Hardship Exemption Application" may constitute perjury, which, under the law, is a felony punishable by fine or imprisonment.

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Uniform Application

I, _____ (print name), being the owner and resident of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act, (the real and personal property of persons who, in the judgment of the board of review, by reason of poverty are unable to contribute toward the public charges, are exempt from taxation under this act).

Property Code Number: 41-05- _____ - _____ - _____

Property Address: _____ Phone: _____

Marital Status: _____

Age of Applicant: _____ Age of Spouse: _____

Number of Dependents: _____ Ages of Dependents: _____

Have you applied for the Homestead Property Tax Credit for last year? _____

How much was your Property Tax Credit? \$ _____

ATTACH A COPY OF YOUR MOST RECENT 1040 CR, HOME HEATING CREDIT CLAIM AND FEDERAL OR STATE INCOME TAX RETURN.

REAL ESTATE: Is home paid for? YES or NO Unpaid balance \$ _____

Name of Mortgage Co. _____ Monthly Payment \$ _____

How long have you lived at this residence? _____

Do you own, or are you buying any other property? YES or NO

If "YES", list property below:

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

Annual income earned from above property \$ _____

Name of employer: _____ Status: ___ Full-time ___ Part-time

Address: _____

Phone Number: _____

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Uniform Application

List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, workers' compensation, dividends, claims and judgements from lawsuits, alimony, child support, and any other source for you, your spouse, and any household member.

Source of Income	Annual Amount of Income

SAVINGS AND INVESTMENTS: List all savings owned by you, your spouse, and any household member 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	Name on Account	Value of Investment

LIFE INSURANCE: List all policies held by you, your spouse, and any household member.

Insured	Amount Of Policy	Amt. Paid Monthly	Paid-Up Policy	Name of Beneficiary	Relationship to Insured

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Uniform Application

MOTOR VEHICLES IN HOUSEHOLD

Make	Year	Monthly Payment	Balance Owed

Are there more than two vehicles for the household? YES or NO

LIST ALL PERSONS LIVING IN HOUSEHOLD

Name	Age	Relationship to Claimant	Place of Employment	Annual Contribution to Family Income

PERSONAL DEBTS:

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

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Uniform Application

MONTHLY EXPENSES:

Gas (Heat) _____ Food _____ Electricity _____

Telephone _____ Cable TV _____ Medical _____

Heat _____ Vehicle _____ Clothing _____

Out of Pocket Medical and/or Prescription Drugs _____

Other (specify) _____

Other (specify) _____

Other (specify) _____

Other (specify) _____

OTHER ASSETS: List all other assets and their values that are owned or controlled by you.
(For example: boats, coin collection, antiques, silver, etc.)

Type of Asset	Value	Owner

ADDITIONAL COMMENTS _____

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Uniform Application

NOTICE: 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) must be attached as proof of income.

NOTE: Do not sign until witnessed by the supervisor, assessor, or board of review.

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 mentioned herein.

Petitioner _____

Date: _____ day of _____, 20____.

This application should be returned to the Board of Review at this address.

FOR BOARD OF REVIEW USE ONLY:

Date received: _____/_____/_____ Initials _____