

# APPLICATION FOR ONE-YEAR 2019 POVERTY EXEMPTION - NORTHFIELD TOWNSHIP

Year \_\_\_\_\_ Parcel I.D. # B-02-\_\_\_\_\_ A.V. \_\_\_\_\_ T.V. \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Age \_\_\_\_\_

Name of Spouse (if applicable) \_\_\_\_\_ Age \_\_\_\_\_

Property Address: \_\_\_\_\_ Is your Principle Residence? \_\_\_ Yes \_\_\_ No

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you a military veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your spouse a military veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employment Status and Name of Employer:

Employed			Employer		Are you disabled?		
Applicant	( <input type="checkbox"/> ) Yes	( <input type="checkbox"/> ) No	( <input type="checkbox"/> ) Full Time		Applicant	( <input type="checkbox"/> ) Yes	( <input type="checkbox"/> ) No
			( <input type="checkbox"/> ) Part Time				o
Spouse	( <input type="checkbox"/> ) Yes	( <input type="checkbox"/> ) No	( <input type="checkbox"/> ) Full Time		Spouse	( <input type="checkbox"/> ) Yes	( <input type="checkbox"/> ) No
			( <input type="checkbox"/> ) Part Time				o

Nature of Disability \_\_\_\_\_  
Please provide documentation of disability.

Do you have any MAJOR OR UNUSUAL OUT-OF-POCKET expenses? If yes, please list them below and provide verification documents.

Type of Expense	Amount Per Year

List all persons living in the home other than you and your spouse:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed as Dependent	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No

Attach additional sheet, if needed.

**PROPERTY INFORMATION:**

Purchase Date: \_\_\_\_\_ Purchase Price: \$\_\_\_\_\_ (if purchased in last 3 years)

Any improvements, changes, or additions made to the property in the last two (2) years? ( ) Yes ( ) No

Do you own this property free and clear? ( ) Yes ( ) No If not, amount of monthly payment:\$\_\_\_\_\_

Are the taxes included in payment? ( ) Yes ( ) No

Are property taxes current? ( ) Yes ( ) No

If not, amount past due \$\_\_\_\_\_

**ASSET INFORMATION**

Do you have an ownership interest in any other real estate (including ownership via partnerships, corporations, etc.) in Michigan or anywhere else? ( ) Yes ( ) No If yes, please list (attach additional sheet if needed).

<u>Location</u>	<u>Value</u>	<u>Type of Use</u>	<u>Purchase Date</u>	<u>Purchase Price</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What are your assets in addition to real estate? (Do not include sheltered retirement plans such as IRA, 401(K), 403(B), Keogh, 457, annuities, or company pension programs)

- Cash \$ \_\_\_\_\_
- Savings Accounts/Certificates & Money Markets \$ \_\_\_\_\_
- Checking Accounts \$ \_\_\_\_\_
- Stocks/Bonds/Treasury Bills \$ \_\_\_\_\_
- Insurance - Cash Value \$ \_\_\_\_\_
- Other Personal Property, gems, jewelry, \$ \_\_\_\_\_
- Investments \$ \_\_\_\_\_

Vehicles: Cars, Trucks, Boats, Trailers, etc.

Make	#1	#2	#3
Model			
Year			
Value			
Balanced Owed			

**EXPENSE INFORMATION**

Please list all sources of household expenses on a **MONTHLY** basis.

House Payment (principal & interest)	
Association/Condo Fees	
Taxes on other property	
Special Assessments	
Home Insurance	
Car Payment 1 <sup>st</sup> car	
Car Payment 2 <sup>nd</sup> car	
Auto Insurance	
Health Insurance (include prescription coverage)	
Medical Bills (not covered by insurance)	
Prescriptions (not covered by insurance)	
Child Care/Day Care	
Cable	
<b>Utilities &amp; Phone</b> _____	
Other, (please explain) _____	

Mortgage/Land Contract Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Does this payment include taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this payment include insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Have your expenses significantly changed in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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

**DEBT INFORMATION**

Please list any outstanding loans, credit cards, and personal debts.

(attach additional sheet if necessary)

	TO WHOM	FOR WHAT	MONTHLY PMT	BALANCE
1				
2				
3				
4				
5				

**INCOME INFORMATION:**

Source	Amount Per Year	
	PRIOR YEAR	CURRENT YEAR
Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc.	\$	
Social Security/SSI	\$	
Retirement Pension or Annuity Benefits (Military Retir. Pay)	\$	
Interest and/or Dividends (includes non-taxable interest)	\$	
Rent/Business or Royalty Income	\$	
Disability Payments (Workers Comp, Veterans Disability,	\$	
ADC, SFA, SDA, RAP/REP (copy of DSS Annual Stmt)	\$	
Alimony	\$	
Child Support	\$	
Unemployment Benefits	\$	
Other Nontaxable Income (Military Family Allotments Etc.),	\$	
Amount YOU Pay for Medical (Health) Insurance	\$	
<b>YOUR TOTAL INCOME</b>	\$	
<b>ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD (not claimed as dependents) AS SHOWN ON FIRST PAGE OF APPLICATION</b>	\$	
<b>TOTAL HOUSEHOLD INCOME FOR</b>	\$	

I declare under the penalties of perjury, that all information submitted in my application for Poverty exemption is true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Income x \_\_\_\_% = Non-refundable Taxes \_\_\_\_\_

Senior: Non-refundable + 1200 = \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_

All Other: Non-refundable + 1200 = \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_

Income \_\_\_\_\_ Estimated Net Tax \_\_\_\_\_ % of Income \_\_\_\_\_

BOR Recommendations/Decisions \_\_\_\_\_

**APPLICANT CERTIFICATION**

**I / We understand that the statements contained in this application are true to the best of my/our knowledge. I / We also understand that this application will be denied or revoked if the information contained is found to be false or incomplete.**

**I also authorize a representative of the Northfield Township Assessor and or Board of Review member to physically inspect my property at some point during the course of this year to ensure accuracy of the property appraisal record card.**

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

Spouse Signature \_\_\_\_\_

**IF AN EXEMPTION IS GRANTED, IT WILL BE IN EFFECT FOR THE CURRENT YEAR ONLY.**

**I / We have received and understand a copy of the POVERTY guidelines.**

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

Spouse Signature \_\_\_\_\_

Name of Preparer if other than applicant: \_\_\_\_\_

**TO BE CONSIDERED FOR POVERTY EXEMPTION, COPIES OF THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION. YOU MUST MAKE SURE TO FILE THESE.**

- \_\_\_\_\_ Federal income tax returns.
- \_\_\_\_\_ Federal income tax return supporting documents.
- \_\_\_\_\_ State income tax returns.
- \_\_\_\_\_ Michigan property tax credit form (MI 1040CR)
- \_\_\_\_\_ Federal & State income tax returns for all other individuals residing in the homestead.
- \_\_\_\_\_ Eligibility notice from Michigan Department of Social Services for anyone residing in the household.
- \_\_\_\_\_ Proof of property ownership (deed for property) if requested.
- \_\_\_\_\_ Other

**The above required information must be filed with the Board of Review for the application to be considered by the Board of Review.**

# WAIVER OF CONFIDENTIALITY

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

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

I (we), \_\_\_\_\_, hereby consent to the examination of copies of my income tax returns and related financial documents, including but not limited to those listed below, by the Northfield Township Assessor and or designate agent and by the members of the Northfield Township Board of Review:

**Federal Income Tax Returns**

**Michigan Income Tax Returns**

**Senior Citizens Homestead Property Tax Form**

**General Homestead Property Tax Claim Form**

**Statements from Social Security Administration**

Furthermore, I consent to the discussion of the information contained in my income tax returns and related financial documents at a duly convened public meeting of the Northfield Township Board of Review. By signing this Waiver of Confidentiality, I understand and acknowledge that I am forever giving up any and all possible claims I may have relative to the disclosure of information contained in said tax returns and related financial documents, which claims may arise pursuant to Internal Revenue Code Section 6103, and/or any other federal, state or local statute or regulation.

I have read this document in its entirety and sign this document of my own free will.

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

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

\_\_\_\_\_  
**Spouse / Co-Applicant Signature**