

2016 CITY OF KEEGO HARBOR BOARD OF REVIEW APPLICATION FOR A REDUCTION IN PROPERTY ASSESSMENT BECAUSE OF INABILITY TO CONTRIBUTE TO THE PUBLIC CHARGES

MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED

THE PROPERTY THAT YOU ARE CLAIMING POVERTY EXEMPTION FOR MUST BE YOUR HOMESTEAD

Date: _____ Petition Number: _____

Owner/Applicant Name: _____ Age: _____

Address: _____

Phone/Mobile Number: _____ Taxable Value of Homestead: _____

Parcel I.D. Number: _____ How long have you lived at this address: _____

If less than ten years, please identify previous address, ownership, and property value

1. Marital Status: (Check One)

- | | |
|--|-------------|
| <input type="checkbox"/> Married | Years _____ |
| <input type="checkbox"/> Divorced | Date _____ |
| <input type="checkbox"/> Widow/Widower | Date _____ |
| <input type="checkbox"/> Separated | Date _____ |
| <input type="checkbox"/> Single | |

Employment Status:

- | | |
|---|----------------|
| <input type="checkbox"/> Employed Full-Time | Date _____ |
| <input type="checkbox"/> Employed Part-Time | Date _____ |
| <input type="checkbox"/> Unemployed | Date _____ |
| <input type="checkbox"/> Laid Off | Date _____ |
| <input type="checkbox"/> Disabled | How Long _____ |
| <input type="checkbox"/> Retired | Date _____ |

Occupation: _____ Employer: _____

Address of Employer: _____

Employer Phone Number and contact: _____

Describe any disability or health problems applicant or persons residing/living in your household have:

2. Who owns the property and list the names of **ALL** persons on the deed or land contract (You may be required to produce a copy of the deed or land contract)

Please list all owners and persons residing/living in or on this property which must qualify as a "Homestead" under, P.A. 237 of 1994. All owners and persons must supply copies of: Current Federal and Michigan Income tax returns, a filed Michigan Homestead Property Tax Credit Form, MI-1040 CR, asset information for all persons residing/living in the household.

3. **Names of persons**

<u>Residing/living in Household</u>	<u>Age</u>	<u>Relationship</u>	<u>Annual Income</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. TOTAL MONTHLY INCOME, ALL SOURCES
- Wages, Salary, Sick Pay, Unemployment, etc., Net Self-Employment \$ _____
- Pension and Annuity Payments \$ _____
- Social Security or Supplemental Income (SSI) \$ _____
- Child Support or ADC \$ _____
- Dividends and Interest \$ _____
- Value of Dividend and Interest Account \$ _____
- Other Income (Source) _____ \$ _____
- TOTAL MONTHLY INCOME\$** _____

5. As primary owner/applicant of this property, does one of the applicants own/occupy the property for which the reduction is requested? List any other names appearing on the title of the property. **Property placed in a trust does not qualify as owned for poverty exemption purposes.**
- Own: () Yes () No Occupy: () Yes () No**

6. Do any of the primary applicants have an ownership interest in any real estate other than the above property or use their resident for business purposes? () Yes () No If yes, list **ALL** real estate and/or businesses:

7. Have any improvements, additions, or changes been made to the property for which the reduction is requested, in the last two (2) years? () Yes If so, please explain below () No

8. Is there a mortgage or land contract on the property? () Yes () No
 What year did the current mortgage or land contract begin: _____
 If so, what is the monthly mortgage or land contract payment? \$ _____
 () With taxes () Without taxes

BALANCE OWED ON HOME\$ _____ INTEREST RATE _____ TERMS _____

Are the current and all prior taxes paid? () Yes () No

When was the property purchased? _____ What was the purchase price? \$ _____

Did you seek property tax relief for any years prior to last year? () Yes () No

If Yes List years: _____

9.	<u>MONTHLY EXPENSES</u>		<u>AUTOMOBILE EXPENSES</u>
	FOOD	\$ _____	PAYMENTS \$ _____
	ELECTRICITY	\$ _____	GAS, OIL \$ _____
	HEAT	\$ _____	MAINTENANCE \$ _____
	TELEPHONE/CELL	\$ _____	<u>INSURANCE PREMIUMS</u>
	CABLE/INTERNET	\$ _____	MEDICAL COVERAGE \$ _____
	LOANS	\$ _____	LIFE \$ _____
	Purpose: _____		AUTOMOBILE \$ _____
	CHARGES: LIST THEM: _____		HOME \$ _____
	_____		<u>RESIDENCE</u>
	MEDICAL & DENTAL \$ _____		MORTGAGE PAYMENT \$ _____
	LIST THEM: _____		LOANS (EQUITY) \$ _____
	_____		SPECIAL ASSMNTS \$ _____
	_____		TAXES \$ _____
	TOTAL MONTHLY EXPENSES		\$ _____

10. YOU HAVE UNUSUAL EXPENSES; SUCH AS, HIGH MEDICAL BILLS (hospital, doctors) PLEASE LIST BELOW:

<u>DATE INCURRED</u>	<u>TYPE OF INJURY, ILLNESS OR SURGERY</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

ASSET DISCLOSURE: Please list all assets and their value other than your primary home with contents and your primary automobile must be included. Examples: vehicles (excluding primary automobile) including recreational vehicles, watercrafts, and snow/ski mobiles. Also include financial instruments, Real estates, etc.

11. ASSET TYPE	APPLICANT	OWNER/OCCUPANT SPOUSE/OTHER
Employment:	\$ _____	\$ _____
Pension, Ira's, Annuities	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Workman's Compensation	\$ _____	\$ _____
Welfare Assistance – ADC	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Gifts (Cash, Other)	\$ _____	\$ _____
New or Reverse Mortgage/s	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

List your current assets: (Please provide balances as of 12/31/15)

Cash/Checking Account	\$ _____	\$ _____
Savings/Money Markets/CD's	\$ _____	\$ _____
Stocks/Bonds	\$ _____	\$ _____
Investments (Real and Personal)	\$ _____	\$ _____
Vehicles, Years and Model	_____	_____
Asset Amount	\$ _____	\$ _____
Payment Amounts	\$ _____	\$ _____
Additional Vehicles, Boats, RV's	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Gifts/Cash/Other	\$ _____	\$ _____

12. Additional Owners and Occupants (attach additional sheets as necessary pages 2, 3 & 4) if more than two Owners or Occupants

1. List all sources of personal income; indicate the amount from each source on an annual basis.
2. List all assets.

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

13. Did you apply for a Michigan Homestead Property Tax Credit last year? () Yes () No

PLEASE READ CAREFULLY

I am unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u Michigan Compiled Laws. I (we) declare that the statements made herein are complete, true, and correct to the best of my (our) knowledge. I (we) further understand that if any information contained herein is found to be false or incomplete, or if property is sold within the year, 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.

I certify that the information contained in this application is true and complete to the best of my knowledge. I have not knowingly omitted any information pertinent to this application.

MUST HAVE ALL OF THE APPLICABLE SIGNATURES

Owner Signature: _____ Date: _____

Spouse/Occupant Signature: _____ Date: _____

Other Owners: _____ Date: _____

Agent: _____ Date: _____

Cell/Phone Number: _____

BOARD OF REVIEW USE ONLY

PETITION NO. _____

DISPOSITION BY BOARD OF REVIEW: _____

DENIED: _____

ASSESSMENT CHANGE FROM \$ _____ TO \$ _____

REASON FOR BOARD ACTION: _____

DATE: _____ 2016