



**CITY OF KEEGO HARBOR BOARD OF REVIEW
APPLICATION FOR
POVERTY HARDSHIP REDUCTION
WAIVER OF CONFIDENTIALITY**

"Heart of the Lakes"

Sidwell #: _____

Property Address: _____

I/we, _____, hereby consent to the examination of copies of my tax returns and related financial documents, incurring, but not limited to, those listed below, by the City of Keego Harbor, City Clerk/Treasurer or designee and members of the City of Keego Harbor Board of Review:

- Federal Income Tax Returns
- Michigan Income Tax Returns
- Homestead poverty Tax Credit Claim Form
- Statements from the Social Security Administration and/or Michigan Family Independence Agency
- Application for Poverty Hardship Reduction

Furthermore, I consent to the discussion of the information contained in my tax returns and related financial documents at a duly convened public meeting of the City of Keego Harbor 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.

Signature

Date