

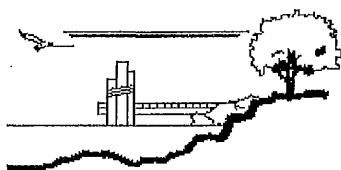
CITY OF KEEGO HARBOR
BOARD OF REVIEW 2017
Application Deadline September 1, 2017

THE FOLLOWING DOCUMENTS ARE REQUIRED:

Active Recorded Deed for primary residence identifying all owners and partial owners of the subject property:

In addition, the following information must be submitted for ALL persons residing in the subject property and/or listed on deed:

1. Application
2. Copy of completed and signed 2015 and 2016 Federal Income Tax Returns for all owners including:
 - a. Proof of gross annual income from all sources.
 - b. W-2 Form, if applicable
 - c. Social Security Statement (SSA-1099)
 - d. All Federal Return attachments (including schedules A, B, C, D, & E)
3. Copy of completed and signed 2015 and 2016 Michigan Income Tax Returns including:
 - a. Homestead Property Credit Form-MI 1040CR
 - b. Proof of gross annual income from all sources including Social Security
 - c. All required attached schedules
4. Four (4) months of complete unaltered consecutive bank statements from 2016. Statements must include all pages and show all Social Security deposits and automatic withdrawals for all owners and residents.
5. Signed waiver of Confidentiality (all Owners)
6. Signed Authorization to Verify Application and Inspect Property (all owners) (Page 5)
7. Picture I.D.: (Driver's License; State I.D.) for primary applicant
 - All owners of the subject property are to be included in the application process: (i.e. tax returns)
 - Primary Applicant must be Keego Harbor resident for least three (3) years.
 - Primary applicant may not own any other real estate.



**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

2017 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. MONTHLY EXPENSES

FOOD \$ _____

ELECTRICITY \$ _____

HEAT \$ _____

TELEPHONE/CELL \$ _____

CABLE/INTERNET \$ _____

LOANS \$ _____

Purpose: _____

CHARGES: LIST THEM: _____

MEDICAL & DENTAL \$ _____

LIST THEM: _____

AUTOMOBILE EXPENSES

PAYMENTS \$ _____

GAS, OIL \$ _____

MAINTENANCE \$ _____

INSURANCE PREMIUMS

MEDICAL COVERAGE \$ _____

LIFE \$ _____

AUTOMOBILE \$ _____

HOME \$ _____

RESIDENCE

MORTGAGE PAYMENT \$ _____

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 12/31/16)

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: _____ 2017

Resolution 16-38

Keego Harbor Resolution for Poverty Exemption

WHEREAS, the adoption of guidelines for poverty exemptions is required of the Keego Harbor City Council; and

WHEREAS, the principal residence of persons, who the Supervisor/Assessor and Board of Review determines by reason of poverty to be unable to contribute to the public charge, is eligible for exemption in whole or in part from taxation under Public Act 390 of 1994 (MCL 211.7u); and

WHEREAS, pursuant to PA 390 of 1994, the City of Keego Harbor, County of Oakland adopts the following guidelines for the Board of Review to implement. The guidelines shall include but not be limited to the specific income and asset levels of the claimant and all persons residing in the household, including any property tax credit returns, filed in the current or immediately preceding year;

To be eligible, a person shall do all the following on an annual basis;

- 1.) Be an owner of and occupy as a principal residence the property for which an exemption is requested.
- 2.) File a claim with the supervisor/assessor or Board of review, accompanied by federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns filed in the immediately preceding year or in the current year.
- 3.) File a claim reporting that the combined assets of all persons do not exceed the current guidelines. Assets include but are not limited to, real estate other than the principal residence, personal property, motor vehicles, recreational vehicles and equipment, certificates of deposit, savings accounts, checking accounts, stocks, bonds, life insurance, retirement funds, etc.
- 4.) Produce a valid driver's license or other form of identification if requested.
- 5.) Produce, if requested, a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
- 6.) Meet the City of Keego Harbor guidelines adopted by the governing body.
- 7.) The application for an exemption shall be filed after January 1, but one day prior to the last day of the Board of Review. The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the right of appeal to the Michigan Tax Tribunal.

The annual allowable include includes income for all persons residing in the principal residence.

CURRENT INCOME THRESHOLD 2017 or Insert Approved Amounts		
Persons in Household	Income Threshold	Asset Limit
1	\$18,080	\$25,125
2	\$23,880	\$28,800
3	\$29,680	\$31,775
4	\$35,480	\$31,900
5	\$41,270	\$31,900
6	\$47,080	\$31,900
7	\$52,890	\$31,925

WHEREAS, that the supervisor/assessor and Board of Review shall follow the above stated policy and guidelines in granting or denying an exemption, unless the supervisor/assessor and Board of Review determines there are substantial and compelling reasons why there should be a deviation from the policy and these reasons are communicated in writing to the claimant.

WHEREAS, in order to ease the burden on taxpayers, the assessor and the Board of Review and to ensure that all taxpayers have an equal opportunity to be heard by the Board of Review, the City of Keego Harbor hereby resolves, according to provisions of MCL 211.30(7) of the General Property Tax Act, that the Board of Review shall receive letters of protest regarding assessment from resident taxpayers from the first Tuesday in March until it adjourns from the public hearings for which it meets to hear such protests.

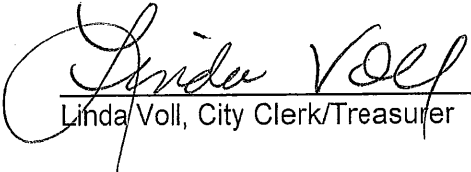
NOW, THEREFORE, BE IT HEREBY RESOLVED, all notices of assessment change and all advertisements of Board of Review meetings are to include a statement that the resident taxpayers may protest by letter to the board.

Motion by: Mayor Pro Tem Yoder
Seconded by: Council Member Newberry

Voting Yea: 5
Voting Nay: 0
Abstaining: 0

The City of Keego Harbor, Mayor Rubin declared the resolution adopted December 14, 2016.

I, Linda Voll, the duly elected Clerk of City of Keego Harbor Oakland County, MI do hereby certify that the above is a true copy of a resolution adopted by the City of Keego Harbor City Council at a meeting held on December 14, 2016 at which time a quorum was present.


Linda Voll, City Clerk/Treasurer