

**PETITION NUMBER:** \_\_\_\_\_

**PARCEL NUMBER: 41-18-**\_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**YEAR FOR WHICH EXEMPTION IS REQUESTED:**\_\_\_\_\_

**City of Kentwood, Michigan  
Application For Poverty Exemption  
From Property Taxation**

Pursuant to Section 211.7u  
Michigan Compiled Laws

This application must be filled out carefully and completely.

A copy of the past two year's Federal and State Income Tax Returns (with all schedules) must be submitted with this application for each person residing in the homestead.

All applications must be complete and contain accurate information or they will not be considered.

Applications submitted without completed forms or income tax returns will not be processed.

Exemptions may be granted for the whole or in part, and will be in effect for one tax year only. Application must be made annually.

Federal poverty level guidelines will be used to analyze eligibility.

**Applicant's Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Address of property for which relief is being sought:  
\_\_\_\_\_

**Petitioner's Married Status:**

Married \_\_\_\_\_ How Long? \_\_\_\_\_  
Divorced \_\_\_\_\_ How Long? \_\_\_\_\_  
Widow/Widower \_\_\_\_\_ How Long? \_\_\_\_\_  
Separated \_\_\_\_\_ How Long? \_\_\_\_\_  
Single \_\_\_\_\_

**Employment Status:**

Employed, Full Time \_\_\_\_\_ Disabled \_\_\_\_\_  
Employed, Part time \_\_\_\_\_ Retired \_\_\_\_\_  
Unemployed \_\_\_\_\_ Laid Off \_\_\_\_\_  
Other, explain: \_\_\_\_\_  
Usual Occupation: \_\_\_\_\_  
Employer:(Last employer if unemployed) \_\_\_\_\_

If you checked un-employed, laid off, disabled, or retired, how long have you been at this status? \_\_\_\_\_ Reason: \_\_\_\_\_

Describe any disability or health problems you have:

**Spouse's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Employment Status:**

Employed, Full Time \_\_\_\_\_

Disabled \_\_\_\_\_

Employed, Part time \_\_\_\_\_

Retired \_\_\_\_\_

Unemployed \_\_\_\_\_

Laid Off \_\_\_\_\_

Other, explain: \_\_\_\_\_

Usual Occupation: \_\_\_\_\_

Employer:(Last employer if unemployed) \_\_\_\_\_

If you checked un-employed, laid off, disabled, or retired, how long has your spouse been at this status? \_\_\_\_\_ Reason: \_\_\_\_\_

Describe any disability or health problems your spouse may have:

**Other persons currently residing in homestead:**

**1. Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Employment status: \_\_\_\_\_

Employer or School Attending: \_\_\_\_\_

Dependent? Yes \_\_\_ No \_\_\_

**2. Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Employment status: \_\_\_\_\_

Employer or School Attending: \_\_\_\_\_

Dependent? Yes \_\_\_ No \_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Employment status: \_\_\_\_\_

Employer or School Attending: \_\_\_\_\_

Dependent? Yes \_\_\_ No \_\_\_

**\*\*Attach a list of additional persons residing in this household.**

Does any person listed above or any other people make a financial contribution to the household? \_\_\_\_\_

If yes, how much does the person contribute each month?

Person's name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

### Information About the Homestead Property

Are you and/or your spouse the sole owners of this homestead? Yes \_\_\_ No \_\_\_

If no, who else has an interest in the property?

\_\_\_\_\_ Explain: \_\_\_\_\_

When did you and/or your spouse purchase this homestead? \_\_\_\_\_

When did you and/or your spouse first occupy this homestead? \_\_\_\_\_

Is there a mortgage or land contract balance on the property? Yes \_\_\_ No \_\_\_

If yes, what is the remaining amount due? \$ \_\_\_\_\_

If yes what is the monthly payment amount? \$ \_\_\_\_\_

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

When will it be paid off? \_\_\_\_\_

Are all outstanding taxes paid? \_\_\_\_\_ If no explain:

\_\_\_\_\_ Did you or your spouse seek property tax relief last year? \_\_\_\_\_

### Other Real Estate Holdings

Do you, your spouse, or any other person residing in the homestead have a financial interest in other real estate? Yes \_\_\_ No \_\_\_

If yes, please provide the following information concerning that financial interest:

Location: \_\_\_\_\_

Tax I.D. Number of Property: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_ Amount of Equity: \$ \_\_\_\_\_

**\*\*Attach a list of additional real estate owned.**

**Other Assets and Income Data**

LIST ALL SOURCES OF PERSONAL INCOME. INCOME INCLUDES ALL MONEY COMING INTO THE HOUSEHOLD FROM ANY SOURCE OR PERSON.

1. Total Annual Income for the Entire Household by Category:

Employment	\$ _____	Pension	\$ _____
Social Security	\$ _____	Unemployment Compensation	\$ _____
Workman's Comp	\$ _____	Welfare Assistance/Food Stamps	\$ _____
AFDC/TANF	\$ _____	Alimony	\$ _____
Interest & Dividends	\$ _____	Child Support	\$ _____
Insurance	\$ _____	Gifts/Other	\$ _____

2. Household Income by Person:

List the total income for each person residing in the household. Attach additional sheets if necessary.

<u>Name</u>	<u>Total Income Last Yr</u>	<u>Total Inc. 2 Yrs Ago</u>
Petitioner: _____	\$ _____	\$ _____
Spouse: _____	\$ _____	\$ _____
Other person: _____	\$ _____	\$ _____
Other person: _____	\$ _____	\$ _____

3. Assets -List all assets: (Must be completed for all assets of the entire household. Additional assets to be reported might include artwork, recreational vehicles and equipment, jewelry, antiques, collectibles, etc. Attach additional listings if needed.)

		<u>Other – describe:</u>	<u>Net Value</u>
Cash	\$ _____	_____	\$ _____
Savings Account(s)	\$ _____	_____	\$ _____
Checking Account	\$ _____	_____	\$ _____
Stocks & Bonds	\$ _____	_____	\$ _____
Certificates	\$ _____	_____	\$ _____
Insurance	\$ _____	_____	\$ _____
Trust Funds	\$ _____	_____	\$ _____
Annuities	\$ _____	_____	\$ _____

4. Vehicles -List vehicles(s) members of the homestead own or drive. Include leased vehicles.

<u>Driver or Owner</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Do you anticipate any major changes in income for the coming year? Yes \_\_\_ No \_\_\_  
 If yes, please explain:

**Expenses in the Past Calendar Year**

1. Monthly Household Expenses:

House Payment	\$ _____	Water	\$ _____
Electricity	\$ _____	Heating –Gas/Oil	\$ _____
Telephone	\$ _____	Cable T.V.	\$ _____
Other (describe):			
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____

2. Annual Medical Expenses (for last year):

Person's Name	Relationship	Hospital	Doctor	Prescriptions
1. _____	_____	\$ _____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____	\$ _____

3. Personal Debts:

Person/Company	Purpose of Debt	Date Debt Incurred	Original Amount of Debt	Monthly Payment	Balance Remaining
1. _____	_____	_____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____	\$ _____
6. _____	_____	_____	\$ _____	\$ _____	\$ _____

Do you expect to sell the homestead for which property tax relief is being sought in the next year? Yes \_\_\_ No \_\_\_

**Applicant's Certification**

I am (We are) unable to pay the full property taxes by reason of poverty on the above described property and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I (we) have read this application and fully understand the contents thereof. 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, any and all relief granted by this application will be forfeited and placed back on the assessment and tax roll with penalties and interest incurred on the additional tax liability. I (we) further understand that if this application is incomplete or if I (we) failed to include all sources of income and assets of the entire household, this application will not be considered by the Board of Review. I (we) conform to the City of Kentwood income and asset guidelines for consideration for poverty exemption.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Required attachments:**

- State and Federal Income Tax Returns for all persons residing in the household for current year and one prior year. Include all schedules.
- All residents of the home which were not required to file federal or state income tax returns for either of the years must complete Michigan Treasury Form 4988.
- Homestead property tax credit forms filed with the State of Michigan for current and one prior year
- Evidence of the value of other assets, including bank balances, retirement accounts, etc.
- Be prepared to show a valid picture ID at Board of Review appointment
- Be prepared to produce proof of ownership and residency if required