

**BOARD OF REVIEW DECLARATION OF POVERTY &
REQUEST FOR TAX RELIEF APPLICATION**

Property ID Number: _____

Current SEV: _____

Current Taxable Value: _____

Property Address: _____

APPLICANT INFORMATION:

IMPORTANT: It is necessary that you fill out this petition as carefully as you can. All questions must be answered. Please have supporting information such as contracts, mortgage receipts, tax receipts, bank books, etc. available. The City Manager may call at your home to examine your records. NOTE: Any person making a false petition for the purpose of exemption from taxation will be guilty of the crime of perjury, and will be punished accordingly.

I (We) hereby apply to the Board of Review for a reduction of taxable valuation because of inability to contribute fully toward the public charges by reason of POVERTY.

Name of Owner: _____

& Co-owners: _____

Mailing Address: _____

City State Zip: _____

Phone Number: _____

Did you or a co-owner apply for a Michigan Homestead Property Tax Credit?

_____ YES _____ NO

If YES, did you receive a refund or tax credit? _____ Refund _____ Credit

If NO, why not:

OWNER'S INFORMATION:

Social Security number: _____

Age as of December 31 _____

Has an affidavit for Homestead exemption from some

School taxes been filed for this property? _____ YES _____ NO.

If YES, what percent (%) exemption was granted? _____ %

Are you any of the following? YES NO

Blind _____

Paraplegic, hemiplegics or quadriplegic _____

Totally and permanently disabled as defined under Social Security Guidelines 42 USC 416 _____

Veteran with service connected disability _____

If YES, what percentage of disability _____

Surviving spouses of a veteran deceased in service _____

Veteran of wars before WWI, pensioned veteran, surviving spouse, or active military _____

Surviving spouses of a non-disabled or non-pensioned veteran of Korean War, WWI or WWII _____

CO-OWNER'S INFORMATION:

Social Security number: _____

Age as of December 31 _____

Are you any of the following? YES NO

Blind _____

Paraplegic, hemiplegics or quadriplegic _____

Totally and permanently disabled as defined under Social Security Guidelines 42 USC 416 _____

Veteran with service connected disability _____

If YES, what percentage of disability _____

YES

NO

Surviving spouses of a veteran deceased in service _____

Veteran of wars before WWI, pensioned veteran,
surviving spouse, or active military _____

Surviving spouses of a non-disabled or non-pensioned
veteran of Korean War, WWI or WWII _____

SUBSTANTIAL & COMPELLING REASONS

In the space below list any substantial and compelling reasons you feel the Board should consider during the evaluation of this petition.

GENERAL INFORMATION:

Check one: ___ Married___ Single___ Divorced___ Widow___ Widower___ Separated

How long have you been a resident of the Township? _____ Years

What year did you purchase this property? _____

Purchase Price _____ \$

Total unpaid balance of a mortgage as of December 31 _____ \$

Taxes: Delinquent years= _____ Delinquent amount \$ _____

List all persons living in the household (including you):

Last Name	First Name	Age	Relationship	Employment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INCOME & ASSETS

SECTION A: Schedule of Family Income

DO NOT INCLUDE THE FOLLOWING:

1. Money received from the sale of property such as stocks, bonds, a house, or a car unless a person is in the business of selling such property.
2. Withdrawals of bank deposits and borrowed money.
3. Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms.

INCLUDE INCOME OF ALL PERSONS RESIDING IN THE HOME:

- | | | |
|---|--|----------|
| 1. Salaries, wages, tips & other employee compensation
(Include strike, sick & sub pay): | | \$ _____ |
| 2. All dividends & interest (including US, state &
Municipal bond interest) | | \$ _____ |
| 3. Net rent, royalty, business, gambling or lottery income | | \$ _____ |
| 4. Annuity & pension benefits
Name of Payer _____ | | \$ _____ |
| 5. Net farm income | | \$ _____ |
| 6. All Capital gains less capital losses | | \$ _____ |
| 7. Alimony & other taxable income
Describe _____ | | \$ _____ |
| 8. Other adjusted income | | \$ _____ |

9. Social Security, supplemental income (SSI) or railroad retirement \$ _____

10. Unemployment compensation & trade readjustment allowance (TRA) benefits \$ _____

11. Child Support, Military Family Allotments \$ _____

12. College or university scholarships, grants, fellowships and assistant fellowships \$ _____

13. Other non-taxable income \$ _____
Describe _____

14. Worker=s compensation, veteran=s disability compensation & pension benefits \$ _____

15. ADC, GA or Emergency Assistance benefits \$ _____

16. All other public assistance payments \$ _____
Describe _____

17. SUBTOTAL (add lines 1 through 16) \$ _____

18. Insurance premiums you paid for medical care for your family: \$ _____

19. TOTAL HOUSEHOLD INCOME (Subtract line 18 from line 17) \$ _____

SECTION B Investments

On spaces below, list all stocks, bonds, mortgages, land contracts, annuities, US Savings Bonds or any other investments you, the co-owner or any member of your household has.

Description of Investment	Present Value	Income Earned Last Year

SECTION C: Real Estate

In the spaces below, list all property owned in full or in part by you, the co-owner or any member of your household (houses, land, cottages, garages, stores, etc.) Do not list the property this application is being applied for.

Address of Property Owner	Market Value	Taxes Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION D: Life Insurance Policies

In the spaces below, list all the insurance policies held by you the co-owner, or any member of the household.

Insured	\$ of Policy	Monthly \$	Cash Value of Policy	Beneficiary/Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION E: Motor Vehicles

In the spaces below, list all automobiles, motorcycles, trucks, off-the-road vehicles, etc. owned by you, the co-owner or any member of the household.

Make & Model	Year	License Number	Monthly Payment	Balance Owed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION F: All Other Assets

In the spaces below, list all other assets and their values that are owned or controlled by you, the co-owner or any member of the household. (For example, boats, coin collections, antiques, jewelry, silver, etc.)

Type of Asset	Value	Owner
_____	_____	_____
_____	_____	_____

EXPENSES

SECTION A: Debts

In the spaces below, list all outstanding debts that you, the co-owner, or any member of the household may have. Include mortgages, home improvement loans, chattel mortgages, finance company loans, personal loans, credit cards, automobile loans, etc. Do not include the mortgage payments for the property being applied for.

Creditor	Purpose of Debt	Date of Debt	Original \$	Monthly \$	Balanced Owed

SECTION B: Subsistence Costs

In the spaces below, list the actual monthly household costs where available and estimate the others as closely as possible. You may be asked to verify your estimates with copies of bills and receipts.

	YES	NO	AMOUNT
1. Land Contract or Mortgage payment for homestead only: Does this include an escrow amount for tax purposes	___	___	\$ ___
2. Gas or Fuel Oil: Did you receive a State of Michigan Home Heating Credit	___	___	\$ _____
3. Electricity			\$ _____
4. Water, Sewer, Garbage			\$ _____
5. Food (exclude liquor, cigarettes, pet food, pop, etc.)			\$ _____
6. Doctors & Medicine: Do you have medical insurance If YES, Who _____ (Be ready to provide a copy of your policy if so requested) Did you receive a State of Michigan Senior Citizen Prescription Drug Claim Credit _____ \$	___	___	
7. Homeowner's Insurance:			\$ _____
8. TOTAL SUBSISTENCE HOUSEHOLD EXPENSES			\$ _____

9. TOTAL HOUSEHOLD CREDITS \$ _____

10. NET TOTAL SUBSISTENCE HOUSEHOLD EXPENSES
(Line 8 minus line 9) \$ _____

ADDITIONAL INFORMATION

With this petition you will need to submit last year's copies of the following applicable, documents for yourself, the co-owner, and every member of the household.

- 1. Federal, State and City Income Tax Returns, - 1040 or 1040A and any schedules
- 2. All W-2 and 1099 forms
- 3. Michigan Homestead Property Tax Credit Claim MI-1040CR
- 4. Michigan Home Heating Credit
- 5. Social Security Benefit Statement Form SSA-1099
- 6. DSS Year End Total Payments Report
- 7. Statement from Friend of the Court

NOTE: DO NOT SIGN THIS PETITION UNTIL WITNESSED BY THE ASSESSOR, BOARD OF REVIEW MEMBER, OR NOTARY.

I (We), _____, being duly sworn, depose and state under the penalties for perjury, that the information contained in this petition and my (our) financial condition as above stated is true and correct and to the best of my (our) knowledge and belief.

I (We), the Co-Owner, or any member of the household has no money, income or property other than herein mentioned. I (We) hereby grant permission to review income tax files in order to process this petition.

I (We) authorize the Board of Review of the City of Cedar Springs to obtain and utilize whatever documentation and/or information necessary.

Applicant

Applicant

Subscribed and sworn this _____ day of _____, 20____ .

Assessor, Board of Review Member, or Notary