

## HARDSHIP EXEMPTION APPLICATION

I, \_\_\_\_\_, being the owner and resident of property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act, (the real and personal property of persons who, in the judgment of the supervisor and board of review, by reason of poverty are unable to contribute toward the public charges are exempt from taxation under this act.

Property Code Number: \_\_\_\_\_

Property Description: \_\_\_\_\_

Property Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Marital Status (circle one): Single Married Divorced Widowed

Age of Applicant: \_\_\_\_\_ Age of Spouse: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Age(s) of Dependents: \_\_\_\_\_

Have you applied for Homestead Property Tax Credit this Year? (circle one) Yes No

How much was your Property Tax Credit? \_\_\_\_\_

ATTACH COPY OF 1040 CR AND FEDERAL OR STATE INCOME TAX RETURN, IF FILED FOR CURRENT YEAR.

REAL ESTATE: Is home paid for? (circle one) Yes No If No, unpaid balance: \_\_\_\_\_

Name of Mortgage Company: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

How long have you lived at this residence? \_\_\_\_\_

Do you own, or are you buying any other property?(circle one) Yes No

If so, list below:

Property Address	Name of Owner	Assessed Value	Amount and Date of Last Taxes paid

Income earned from above property \$ \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_

List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, workers' compensation, dividends, claims and judgements from lawsuits, alimony, child support and any other source.

Source of Income	Monthly or Annual Income

**SAVINGS AND INVESTMENTS:** List all savings owned by you or your spouse, including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds or similar investment.

Name of Financial Institution or Investments	Amount on Deposit	Name on Account	Value of Investment

**LIFE INSURANCE:** List all policies held by you or your spouse.

Insured	Amount of Policy	Amount Paid Monthly	Paid Up Policy	Name of Beneficiary	Relationship to Insured

**MOTOR VEHICLES IN HOUSEHOLD:**

Make	Year	Monthly Payment	Balance Owed

**LIST ALL PERSONS LIVING IN HOUSEHOLD:**

Last Name	First	Age	Relationship to Claimant	Place of Employment	Contribution to Family Income
Name					

**PERSONAL DEBTS:**

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

**MONTHLY EXPENSES:**

Utilities: \_\_\_\_\_ Food: \_\_\_\_\_ Phone: \_\_\_\_\_  
Clothing: \_\_\_\_\_ Heat: \_\_\_\_\_ Car Expense: \_\_\_\_\_  
Other: (specify) \_\_\_\_\_

**OTHER ASSETS:** List all other assets and their values that are owned or controlled by you. (For example: boats, coin collection, antiques, silver)

Type of Asset	Value	Owner

**REASON FOR REQUESTING EXEMPTION**

NOTICE: Any willful misstatements or misrepresentations made on this form may constitute perjury, which, under the law, is a felony punishable by fine or imprisonment.

NOTICE: A copy of your latest federal income tax return, state income tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income.

**NOTE:** Do not sign until witnessed by the supervisor, assessor or Board of Review

STATE OF MICHIGAN  
COUNTY OF INGHAM

The undersigned, being duly sworn, deposes, and says that the statements made in this foregoing application are true and that he/she has no money, income or property other than mentioned herein.

\_\_\_\_\_  
Petitioner

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Assessor, Supervisor, Board of Review Member or Notary Public

**This application must be returned to:**  
**Lansing Township Board of Review**  
**3209 W Michigan Avenue**  
**Lansing, MI 48917**

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FOR BOARD OF REVIEW USE

Disposition of Board of Review

DATE: \_\_\_\_\_

Denied: \_\_\_\_\_ Approved: \_\_\_\_\_ Assessment reduce to \_\_\_\_\_

Decisions may be appealed to the Michigan Tax Tribunal

To be eligible for a poverty exemption, a person must do all of these following on an annual basis:

- ❖ Own and occupy the homestead or qualified agricultural property for which the exemption is requested.
- ❖ File a claim with the Supervisor or the Board of Review accompanied by federal and state income tax returns for all persons residing in the homestead.
- ❖ Produce a valid driver's license or other form of identification.
- ❖ Produce a deed, land contract, or other evidence of ownership.
- ❖ Meet the Federal poverty income standards or alternative guidelines adopted by the local governing body, which are not less than the federal guidelines.
- ❖ Apply for the exemption after January 1, but before the day prior to the last meeting of the Board of Review.