CITY OF OWOSSO POVERTY EXEMPTION GUIDELINES FOR 2023

Policy

The City of Owosso will grant property tax exemptions due to poverty according to Section 211.7u of the Michigan Compiled Laws. Pursuant to Public Act 253 of 2020, if a person qualifies, the board of review may grant either a 100%, 50% or 25% reduction in taxable value for the applicable tax year, or any other percentage reduction approved by the state tax commission. However, the City of Owosso elects to grant 100% reductions only.

Property tax poverty exemptions must be applied for yearly (between January 1 and <u>**Dec 8, 2023)</u>**. Applications may be mailed or returned in person to Owosso City Hall, 301 W Main St., Owosso MI 48867 or placed in the red drop box in City Hall's parking lot. Questions may be directed to the city assessing department at (989) 725-0530 or Assessing@ci.owosso.mi.us.</u>

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

- Be the owner and occupy the principal residence of the property for which an exemption is applied.
- Submit an application on the form provided by the State of Michigan, available through the City Assessor's office. The application constitutes an appearance before the Board of Review for the purpose of preserving the applicant's right to appeal.
- Provide proof of residency for <u>all</u> residents in the home.
- Supply a copy of federal and state income tax returns filed in the current year for <u>all</u> <u>adult residents</u> if available, or immediately preceding year if current is unavailable, and/or a signed affidavit stating income tax returns are not required to be filed (Treasury Form 4988).
- Supply copies of six-months-worth of income evidence for the previous year (pay stubs, benefit statement, etc.) for <u>all</u> residents 18 years old and over. Additional stubs may be requested at a later date.
- If the applicant fails to supply <u>all</u> the required documents or if it is found that the information supplied is fraudulent, the application <u>shall be denied</u>.

Income Guidelines

Applicant's income shall not exceed the poverty income thresholds listed here. Income of students under the age of 18 years shall **not** be included as income.

2022 Income Standards Poverty Threshold

Total number of persons residing in homestead 1 person	Annual allowable income \$21,120
2 persons	\$24,160
3 persons	\$27,160
4 persons	\$30,160
5 persons	\$32,600
6 persons	\$37,190
7 persons	\$41,910
8 persons	\$46,630
Each additional person, add	\$4,720

Asset Guidelines

Assets (except the original homestead, essential household goods and the first \$8,000 of the market value of a motor vehicle) less what is owed on said motor vehicle, **shall not exceed \$5,000 (five thousand dollars) for individual applicant and/or \$7,000 (seven thousand dollars) per household** if more than one financial contributor.

Required Documents Checklist

- _____ Proof of Identity (driver's license, picture identification, etc.).
- Proof of ownership (deed, contract, etc.).
- _____ Proof of residency for all occupants.
- Proof of Income for all adults (prior year six-month period pay stubs, Social Security, etc.).
- _____ Copies of prior year self-employment documents (checks, receipts), if applicable.
- _____ Copies of prior year unemployment compensation, if applicable.
- _____ Copy of prior year-end bank statement(s) for all adults.
- _____ Federal Income Tax Return (most recent) or Poverty Exemption Affidavit if filing is not required, for all adults.
- _____ State Income Tax Return (most recent) or Poverty Exemption Affidavit if filing is not required, for all adults.
- _____ Copies of prior year non-cash benefits letters such as Bridge Card / DHS assistance or evidence showing amount of monthly assistance, if applicable.
- _____ Copy of child/spousal support letter, if applicable.

Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

To be considered complete, this application must: 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.

PAR	T 1: PERSONAL INFOR	RMATION -	- Petitioner must li	st all required persona	al information	٦.				
Petitioner's Name					Daytime Phone Number					
Age of	Petitioner	Age of Spouse	Nun	nber of Legal	ber of Legal Dependents					
Proper	ty Address of Principal Residence			City		State	ZIP Code			
	Check if applied for Hor	mestead Pr	operty Tax Credit	Amount of Homestead Property Tax Credit						
PAR	T 2: REAL ESTATE INF	ORMATIO	N							
	the real estate information ence of ownership of the				o provide a	deed, lan	d contract or other			
Proper	ty Parcel Code Number		1	Name of Mortgage Company						
Unpaid Balance Owed on Principal Residence Monthly Payment				at this Reside	this Residence					
Proper	ty Description									
PART 3: ADDITIONAL PROPERTY INFORMATION										
List	nformation related to an	y other pro	perty owned by you	u or any member resid	ling in the ho	ousehold.				
Check if you own, or are buying, other property. If checked, compl information below.					Amount of Income Earned from other Property					
	Property Address			City		State	ZIP Code			
1										
	Name of Owner(s)			Assessed Value	Date of Last Tax	tes Paid	Amount of Taxes Paid			
	Property Address		· · · · · · · · · · · · · · · · · · ·	City		State	ZIP Code			
2	2 Name of Owner(s)		Assessed Value	Date of Last Tax	tes Paid	Amount of Taxes Paid				
1										

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PART 4: EMPLOYMENT	INFORMAT	ION -	- List your c	urrent empl	oyment	inforn	nation.		
Name of Employer									
Address of Employer				City				State	ZIP Code
Contact Person				Employer	Telephone I	Number		I	
PART 5: INCOME SOUR	CES								
List all income sources, in accounts), unemployment judgments from lawsuits, income, for all persons re	compensat alimony, chi	tion, dia ild sup	sability, gove port, friend	ernment pe	nsions, v	vorke	r's compensa	tion, divi	dends, claims and
	Source	of Inc	come				Month	ly or An (indicate	nual Income which)
PART 6: CHECKING, SAV	/INGS AND	INVE	STMENT IN	FORMATIC	ON				
List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for all persons residing at the property.									
Name of Financial Institution or Investments			mount Deposit	Current Interest Ra			Name on Account		Value of Investment
							· ··· ·		
	NE listell	Inclini	oo hold by o		d momb	ore			
PART 7: LIFE INSURANC									D-I-tionabin to
Name of Insured	Amount Policy		Monthly Payments		Policy Paid in Full N		me of Benef	Relationship to Insured	
<u>.</u>									×
	EINEODM								
PART 8: MOTOR VEHICLE INFORMATION All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing									
All motor vehicles (includ within the household mus		/cles, I	motor home	es, camper	trailers,	etc.)	held or owne	ed by ar	ly person residing
M-1			Year		Monthly Payment		Payment	Balance Owed	
Make					Monthly		ayment		

Firsternel	First and Last Name		Age to Applicant		Place	o of	Employment	\$ Contributi	
First and					Applicant	Plac	eor	Employment	Family Inc
				-					
PART 10: PERSONA	L DEBT — List	all personal c			usehold mem	bers.			
Creditor	Purpo	se of Debt	Dat of De		Original Ba	lance	Mont	thly Payment	Balance C
					· ·				
PART 11: MONTHLY	EXPENSE INF	ORMATION							
	hly expenses r	elated to the p	orincipal	resid	ence for eac	h cate	gory	must be listed	d. Indicate N
The amount of mont necessary.	Electric		Water					Phone	
	Licotilo			Clothing			Health Insurance		
necessary.	Food			Clothi					
necessary. Heating		Daycare		Clothi		Ca	ar Exper	nse (gas, repair, etc	.)

NOTICE: Per MCL 211.7u(2)(b), 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 must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 11: POLICY AND GUIDELINES ACKNOWLEDGMENT

The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.

The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.

PART 12: CERTIFICATION

I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.

Printed Name

Signature

Date

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760 E-mail: taxtrib@michigan.gov

Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION - Enter inform	mation for the person owning a	and occupying t	he resid	lence.				
Owner Name			Owner Telephone Number					
Mailing Address	City		State	ZIP Code				
	ONY							
PART 2: LEGAL DESIGNEE INFORMATION (Co	omplete if applicable.)							
Legal Designee Name		Daytime Telephon	Daytime Telephone Number					
Nelling Address	Ciby		State	ZIP Code				
Mailing Address	ddress City							
PART 3: HOMESTEAD PROPERTY INFORMAT	ION — Enter information for pro	perty in which the	exempt	tion is being claimed.				
City or Township (check the appropriate box and enter name)		County						
City Township Village								
Name of Local School District				i				
Parcel Identification Number	Year(s) Exemption Previous	sly Granted by Board	of Review					
Homestead Property Address	City		State	ZIP Code				
PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (Check all boxes that apply.)								
I own the property in which the exemption is being claimed.								
The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.								
After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or								
I receive a fixed income solely from public assistance that is not subject to significant annual increases beyond the rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits.								
PART 5: CERTIFICATION								
I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive an exemption from property taxes by reason of poverty pursuant to Michigan Compiled Law, Section 211.7u.								
Owner or Legal Designee Name (print)	Signature of Owner or Legal Designee		D	ate				
Designee must attach a letter of authority.								
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)								
Approved Denied (Attach appeal instructions and provide to owner.)			Tax Year(s) exemption will be posted to tax roll					
CERTIFICATION — I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.								
Assessor Signature		Date Certified by	Assessor					

Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

INSTRUCTIONS: When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

I,______, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence:

Signature of Person Making Affidavit

Date