CITY OF OWOSSO POVERTY EXEMPTION GUIDELINES FOR 2022

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 9, 2022)</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.

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 City Assessor's office. The
 application constitutes an appearance before the Board of Review for the purpose of
 preserving the claimant'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 (including any property tax credit) filed in the current year for **all adult residents**, if available, or immediately preceding year if current is unavailable and/or a signed affidavit (Treasury Form 4988) stating income tax returns are not required to be filed.
- Supply copies of proof of income for the most recent six-month period (current pay stubs, benefit statement, etc.) for <u>all</u> residents 18 years old andover. 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

Annual allowable income
\$19,600.
\$22,400.
\$25,200.
\$27,960.
\$31,040.
\$35,580.
\$40,120.
\$44,660.
\$4,540.

Asset Guidelines

Assets, (except the original homestead and minimum zoning required footprint, essential household goods and the first \$5,000 of the market value of a motor vehicle), **shall not exceed \$4,000 (four thousand dollars) for individual applicant and/or \$6,000 (six 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 (most recent six-month period – pay stubs, Social Security, etc.).
Copies of self-employment documents (checks, receipts), if applicable.
 Copies of unemployment compensation, if applicable.
 Copy of most recent 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 non-cash benefits letters such as Bridge Card / DHS 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						
Petitioner's Name					Daytime Phone N	umber				
Age of	Petitioner	Marital Status	}	Age of Spouse Number of Legal Dependents			Dependents			
1000										
Proper	ty Address of Principal Residence			City	ē.	State	ZIP Code			
Check if applied for Homestead Property Tax Credit Amount of Homestead Property Tax Credit										
PAR	T 2: REAL ESTATE INF	ORMATIO	N							
List evid	the real estate information	on related to	o your principal res at the Board of Rev	sidence. Be prepared tiew meeting.	to provide a d	eed, lan	d contract or other			
Proper	ty Parcel Code Number		N.	Name of Mortgage Company						
Unpaid	Balance Owed on Principal Resid	lence	Monthly Payment	<u> </u>	Length of Time at	this Reside	nce			
Property Description										
i										
PART 3: ADDITIONAL PROPERTY INFORMATION										
List information related to any other property owned by you or any member residing in the household.										
Check if you own, or are buying, other property. If checked, complete the information below.							om other Property			
	Property Address	****		City	1	State	ZIP Code			
1				T. L. L.	I Data of Last Taxa	- Doid	Amount of Taxes Paid			
	Name of Owner(s)			Assessed Value	Date of Last Taxe	s raio	Amount of faxes raid			
	Property Address			City	L	State	ZIP Code			
2	Name of Owner(s)			Assessed Value	Date of Last Taxe	s Paid	Amount of Taxes Paid			

PART 4: EMPLOYMENT	INFORMATION	J. Liet your c	urrent emple	wment i	nformation		-	
Name of Employer	INFORMATION	List your co	urrent empi	ymenti	Illomation			
Address of Employer			City				State	ZIP Code
Tradition of Employer	diess of Employer							
Contact Person Employer Telephone Number								
PART 5: INCOME SOUR	CES					ā.	2	3
List all income sources, ir accounts), unemploymen judgments from lawsuits, income, for all persons re	t compensation alimony, child s	, disability, gove support, friend	ernment pen	sions, w	orker's cor	npensa	tion, divi	dends, claims and
	Source of	Income				Month	ly or Ani (indicate)	nual Income which)
	33							
***			3.43			997. 1		
PART 6: CHECKING, SA	VINGS AND IN	VESTMENT IN	IFORMATIO	N				
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 Ins or Investments	inconsistent connectical areas.	RESERVE VIOL		Name on Account		Value of Investment		
				-				
				-				
PART 7: LIFE INSURANCE	CE — List all po	licies held by a	ıll household	membe	ers.			×
Name of Insured	Amount of Policy	Monthly Payments	Policy F				Relationship to Insured	
								9
PART 8: MOTOR VEHICI	E INFORMATI	ON						e e
All motor vehicles (include within the household mus		s, motor home	es, camper t	railers,	etc.) held (or owne	ed by an	y person residing
Make		Year	,	Mon	thly Paym	ont	R:	alance Owed
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EBT — List all	I personal d	Dat	to to	elationship o Applicant usehold men		of Er	mployment	\$ Contribution to Family Income
		Dat		usehold men	nbers.			
		Dat		usehold men	nbers.			
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		Dat		usehold men	bers.			8
Purpose	of Debt		6					
	OI DCD!	of De		Original Ba	lance Mo	nth	ly Payment	Balance Owed

		*						
			- 1					
		i i						
PENSE INFOR	RMATION							
expenses relat	ted to the p	orincipal	resid	dence for eac	ch categoi	ry m	nust be listed	d. Indicate N/A as
Electric		,	Wate	ır		F	Phone	
Food	Clothing			*	ŀ	Health Insurance	1 h-1	
	Daycare	***			Car Ex	pense	e (gas, repair, etc	2.}
	Other (type an	nd amount)			Other	(type a	and amount)	
	Other (type on	nd amount)		2 8	Other	(tyne s	and amount)	
	PENSE INFOI	PENSE INFORMATION expenses related to the period Electric Food Daycare Other (type ar	PENSE INFORMATION expenses related to the principal Electric Food	PENSE INFORMATION expenses related to the principal residual form the principal form the	PENSE INFORMATION expenses related to the principal residence for each leading to the principal residence for each leading lea	PENSE INFORMATION expenses related to the principal residence for each categor Electric Water Food Clothing Daycare Car Expenses Ca	PENSE INFORMATION expenses related to the principal residence for each category makes and an accordance of the principal residence for each category makes and accordance of the principal residence for each category makes and accordance of the principal residence for each category makes and accordance of the principal residence for each category makes and accordance of the principal residence for each category makes and accordance of the principal residence for each category makes and accordance of the principal residence for each category makes and accordance of the principal residence for each category makes and accordance of the principal residence for each category makes and accordance of the principal residence for each category makes and accordance of the principal residence for each category makes and accordance of the principal residence for each category makes and accordance of the principal residence for each category makes and accordance of the principal residence for each category makes and accordance of the principal residence of the principal r	PENSE INFORMATION expenses related to the principal residence for each category must be lister Electric Water Phone Food Clothing Health Insurance Daycare Car Expense (gas, repair, etc.) Other (type and amount)

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 AC	KNOWLEDGMENT					
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 infor	mation for the person owning ar	nd occupying th	ne resid	ence.			
Owner Name			Owner Telephone Number				
		ļ		l min e .			
Mailing Address	City		State	ZIP Code			
DADT OLI FOAL DECICNET INFORMATION (C	`ampleta if applicable \		1120				
PART 2: LEGAL DESIGNEE INFORMATION (C Legal Designee Name	complete ii applicable.)	Daytime Telephone	- Number				
Legal Designee Name		Dayune reception	o Mullibor				
Mailing Address	City		State	ZIP Code			
PART 3: HOMESTEAD PROPERTY INFORMAT	TION — Enter information for prope	erty in which the	exempti	ion is being claimed.			
City or Township (check the appropriate box and enter name)		County					
City Township Village							
Name of Local School District	,						
Traine of Lead Garley Blacket							
Parcel Identification Number	Year(s) Exemption Previously	Granted by Board o	f Review				
				· · · ·			
Homestead Property Address	City		State	ZIP Code			
PART 4: AFFIRMATION OF OWNERSHIP, OCC	LIDANCY AND INCOME STAT	US (Check all	hoves t	hat annly \			
PART 4. AFFIRMATION OF OWNERSHIP, OCC	COPANCI, AND INCOME STATE	(Check an	DOXES !	пат арргу.			
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		Da	ate			
Designee must attach a letter of authority.							
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)							
Approved Denied (Attach appeal instru	uctions and provide to owner.)	Tax Year(s) exer	nption wil	l be posted to tax roll			
CERTIFICATION — I certify that, to the best of accurate.	f my knowledge, the information	contained in	this forn	n is complete and			
Assessor Signature		Date Certified by A	ssessor	-			

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 affi	rm hv mv signature
below that I reside in the principal residence that is the subject of this Ap	, , ,
Exemption and that for the current tax year and the preceding tax year, I was	•
federal or state income tax return.	·
Address of Principal Residence:	
Address of Filliopal Residence.	_
Signature of Person Making Affidavit	Date