

PROPERTY TAX EXEMPTION APPLICATION

YEAR 2010

*****CONFIDENTIAL INFORMATION*****

PARCEL NO. _____

PETITION NO. _____

PETITIONER INFORMATION

Owners Name: (Print) _____

Co-Owners Name: _____

Address: _____

Phone Numbers:

Daytime: () _____

Evening: () _____

REQUIRED DOCUMENT CHECK LIST

- Homestead Tax Claim MI-1040 (copy of prior year if filed)
- Homestead Exemption Tax Credit MI-1040 CR (copy of prior year if filed)
- Federal & State Tax Returns for ALL household residents (copy of prior year)

If not required to file Federal & State Tax Returns submit:

- Proof of income (Social Security statement, check stub, etc.)

PETITIONER INFORMATION

*****CONFIDENTIAL*****

Property Address for which relief is being sought:

Marital Status

No. of Years

Married _____
 Divorced _____
 Widowed _____
 Separated _____
 Single _____

PETITIONER EMPLOYMENT STATUS:

SPOUSE EMPLOYMENT STATUS:

YES NO
 Disabled - No. of years _____
 Do you qualify for disability benefits?
 Employed Full-time
 Employed Part-time
 Retired - No. of years _____
 Unemployed - No. of years _____
 Laid-Off - No. of years _____
 Other

YES NO
 Disabled - No. of years _____
 Do you qualify for disability benefits?
 Employed Full-time
 Employed Part-time
 Retired - No. of years _____
 Unemployed No. of years _____
 Laid-Off - No. of years _____
 Other

Occupation: _____
(if employed)

Occupation: _____
(if employed)

Employer: _____

Employer: _____

Address: _____

Address: _____

Telephone () _____

Telephone: () _____

Age: _____

Age: _____

Annual Income (all sources): \$ _____

Annual Income (all sources): \$ _____

Describe any disability or health problems:
(Attach additional sheet if necessary)

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(Attach additional sheet if necessary)

INCOME INFORMATION

Please list ALL sources of income for ALL residents in your household

CURRENT YEAR	ANNUAL
Wages, salaries, tips, sick, strike and sub-pay, etc.	\$ _____
All interest & dividend income (including non-taxable interest)	\$ _____
Net rent, business or royalty income	\$ _____
Retirement pension and annuity benefits	\$ _____
Name of Payer _____	
Net farm income	\$ _____
Capital gains less capital losses	\$ _____
Alimony or regular support from someone else	\$ _____
Social Security, SSI or railroad retirement benefits	\$ _____
Child support	\$ _____
Unemployment compensation and TRA benefits	\$ _____
Workers' compensation, veterans' disability compensation	\$ _____
ADC and GA benefits	\$ _____
College or University scholarships, grants, fellowship assistance	\$ _____
All other public assistance payments	\$ _____
Describe _____	
Other non-taxable income	\$ _____
Describe _____	
What was the total annual income from all sources of everyone in your household LAST YEAR: \$ _____	
TOTAL ANNUAL INCOME	\$ _____

Do you anticipate any major changes in income this year Yes No
 If yes, please explain: _____

(Attach additional sheet if necessary)

EXPENSE INFORMATION

VERIFICATION OF EXPENSES MAY BE REQUIRED

AVERAGE MONTHLY EXPENSES	MONTHLY
Rent / House Payment (principal & interest)	\$ _____
Life insurance	\$ _____
Health insurance	\$ _____
Homeowner's insurance	\$ _____
Auto insurance	\$ _____
Taxes (homestead)	\$ _____
Taxes on other property	\$ _____
Special Assessment	\$ _____
Car payment	\$ _____
Utilities:	
Gas / Oil (Heat)	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Water / Sewer	\$ _____
Child care	\$ _____
Food / Clothing	\$ _____
Medical (not covered by insurance)	\$ _____
Lawn care / snow removal	\$ _____
Cable	\$ _____
Other loans	\$ _____
Other (specify)	\$ _____
TOTAL MONTHLY EXPENSE	\$ _____
	X 12
TOTAL ANNUAL EXPENSE	\$ _____

Do you have any major or unusual expenses? Yes No
 If yes, please explain: _____

(Attach additional sheet if necessary)

MORTGAGE INFORMATION

A. _____ Purchase Date _____ Amount Paid
 B. _____ Mortgage / Land Contract Balance
 C. _____ No. of years remaining on the mortgage/land contract
 D. _____ Monthly payment
 E. _____ Name of Mortgage Company

	Yes	No	
F.	[]	[]	Does this monthly payment include taxes?
G.	[]	[]	Are your property taxes paid?
H.	[]	[]	Did you apply for a poverty exemption last year?
I.	[]	[]	Have any improvements, changes or additions been made to the property in the last (2) years? If yes, please explain: _____ _____ _____

J. [] [] Do you anticipate selling this principal residence for which relief is sought in the next year? If yes, explain:

K. [] [] Is this principal residence in any stage or in danger of foreclosure? If yes, explain:

L. [] [] Does anyone contribute to your support?
If yes - Amount _____
Explain: _____

Yes No
 M. [] [] Is anyone able to contribute to your support?
If yes - Amount _____
Explain: _____

N. [] [] I / We (spouse) are sole owners of this property?
If no, list all owners and the % of their ownership.

O. [] [] Do you have ownership interest in any other real estate in Michigan or anywhere else?
If yes, please list: (use additional sheet if necessary)

Location _____ Tax ID No. _____
 Purchase Date _____ Purchase Price _____
 Amount Owed _____
 Current State Equalized Value _____
 Estimated Current Value _____

Location _____ Tax ID No. _____
 Purchase Date _____ Purchase Price _____
 Amount Owed _____
 Current State Equalized Value _____
 Estimated Current Value _____

Location _____ Tax ID No. _____
 Purchase Date _____ Purchase Price _____
 Amount Owed _____
 Current State Equalized Value _____
 Estimated Current Value _____

RESIDENT STATUS

Please list all people currently living in your household **OTHER THAN** yourself and spouse:

	1	2	3	4	5	6	7
Name							
Age							
Relationship							
Occupation							
Annual Income							
Claimed as Dependent?	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No
Heir to estate?	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No

ASSET INFORMATION

What are your current assets in addition to the real estate noted previously?

Cash \$ _____
 Savings Accounts/Certificates & Money Markets \$ _____
 Checking Accounts \$ _____
 Stocks / Bonds / Treasury Bills \$ _____
 Other \$ _____
 Investments \$ _____
 IRA, Keogh Annuities, Deferred Compensation \$ _____
 Personal property held as investment (i.e., gems, jewelry, coin collection, antiques, antique cars, artwork, etc.) \$ _____

Vehicles: Cars, Trucks, Boats, Recreational vehicles, Trailers, etc.

	1	2	3	4	5	6	7
Make							
Model							
Year							
Value							
Balance Owed							

PLEASE READ CAREFULLY:

I / We, am / are unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u 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 is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability in accordance with Section 211.120 Michigan Compiled Laws.

Petitioner's Signature: _____ Spouse's Signature: _____ Date: _____