

## Do You Qualify for a Property Tax Poverty Exemption?

Guidelines for Filling a Homestead Poverty Exemption Application for 2017

**IMPORTANT:** *Please read through entire application packet. Failure to provide required information and supporting documentation by the established deadlines will result in a denial to the request.*

**Federal Poverty Income Guidelines as Determined by the U.S. Department of Health and Humans Services for Use in Setting Poverty Exemption Guidelines for 2017 Assessments.**

Household Size*	Maximum Income
1 person	\$11,880
2 persons	\$16,020
3 persons	\$20,160
4 persons	\$24,300
5 persons	\$28,440
6 persons	\$32,580
7 persons	\$36,730
8 persons	\$40,890

\*For households with more than 8 persons, add \$5,200 for each additional person.

The City of Portage Board of Review, together with the City Assessor, can approve a one-year exemption from property taxes due to a property owner's income poverty status. To be eligible for the property tax poverty exemption, a person must own and occupy the principal residence for which the exemption is requested, file a claim (annually) with the Office of the City Assessor, along with federal and state income tax returns for all persons residing in the principal residence, show proof of ownership and meet federal poverty income standards (shown at right). Household assets (a limit of \$25,000) are also considered and must be recorded with the application.

If you think you qualify for a property tax poverty exemption, complete and submit the **Homestead Poverty Exemption Application for 2017**. A paper application form is available at the Office of the City Assessor. The application can also be downloaded and printed - OR - completed electronically at [www.portagemi.gov](http://www.portagemi.gov) > Departments > City Assessor > Property Tax Forms & Information > Homestead Poverty Application. Applications shall be filed each year for consideration on an annual basis.

**Completed applications must be submitted to the Office of the City Assessor by March 1, 2017 for the March Board of Review, July 3, 2017 for the July Board of Review and December 1, 2017 for the December Board of Review.**

If you would like more information regarding the property tax poverty exemption or to schedule an appointment before the Board of Review, please contact the Office of the City Assessor at 269-329-4433.



**REAL ESTATE INFORMATION:** Please provide the real estate information related to the principal residence. Attach a deed, land contract or other evidence of ownership of the property.

Property Parcel Number: \_\_\_\_\_

Name of Mortgage Company: \_\_\_\_\_

Unpaid Balance Owed on Principal Residence: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Property  
Description:

**ADDITIONAL PROPERTY INFORMATION:** List information related to other property you, or any household member owns.

Do you own or are you buying other property?  Yes  No Income Earned: \_\_\_\_\_

Property Address	Name of Owner(s)	Assessed Value	Amount & Date of Last Taxes Paid
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT STATUS (SELF):** List your current employment information.

Are you employed?  Yes  No If Yes:  Full Time  Part Time

Name and address of employer \_\_\_\_\_

Are you (check all that apply):  Unemployed?  Retired?  Disabled?

How Long? \_\_\_\_\_

Describe any Disability or Health Problems (self):

**EMPLOYMENT STATUS (SPOUSE):** List your spouse's current employment information.

Are you employed?  Yes  No If Yes:  Full Time  Part Time

Name and address of employer \_\_\_\_\_

Are you (check all that apply):  Unemployed?  Retired?  Disabled?

How Long? \_\_\_\_\_

Describe any Disability or Health Problems (spouse):

**INCOME AND ASSETS:** Please provide ALL Income and Asset information for EACH person residing at the property.

	<b>ASSET ITEMS – Total Amount</b>			
	<b>Person A</b>	<b>Person B</b>	<b>Person C</b>	<b>Person D</b>
Cash & Checking Accounts	_____	_____	_____	_____
Savings Accts & Certificates	_____	_____	_____	_____
IRA	_____	_____	_____	_____
Stocks/Bonds/Investments	_____	_____	_____	_____
Insurance Policy	_____	_____	_____	_____
Annuity Value	_____	_____	_____	_____
Trust Value	_____	_____	_____	_____
Deferred Compensation	_____	_____	_____	_____

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, motorcycles, campers, trailers, motor homes, coin collections, antiques, jewelry, art work, etc.)

<b>Type of Asset</b>	<b>Value</b>	<b>Owner</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

	<b>Person A</b>	<b>Person B</b>	<b>Person C</b>	<b>Person D</b>
Interest/Dividend Income	_____	_____	_____	_____
Trust Income	_____	_____	_____	_____
Wages/Tips/Commissions	_____	_____	_____	_____
Pension Income	_____	_____	_____	_____
Social Security Income	_____	_____	_____	_____
Social Security Res. Minor	_____	_____	_____	_____
Unemployment Compensation	_____	_____	_____	_____
Welfare/ADC	_____	_____	_____	_____
Alimony/Child Support	_____	_____	_____	_____
Lottery/Contests/Raffle	_____	_____	_____	_____
Reverse Mortgage Income	_____	_____	_____	_____
Annuity Income	_____	_____	_____	_____
Medical Disability Benefits	_____	_____	_____	_____
Insurance/Lawsuit Payout	_____	_____	_____	_____
Rental Income	_____	_____	_____	_____
Other Income	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____

**SUPPLEMENTAL ASSISTANCE – Monthly Amounts**

	Person A	Person B	Person C	Person D
Food Stamps / Bridge Card	_____	_____	_____	_____
Utilities – Heat / Electric	_____	_____	_____	_____

**OWNED, FINANCED OR LEASED VEHICLES**

	Person A	Person B	Person C	Person D
Make	_____	_____	_____	_____
Year	_____	_____	_____	_____

Do you or any person residing at this property receive financial support from any person not living at this property?     Yes     No

Name of person providing support: \_\_\_\_\_

Relationship to petitioner: \_\_\_\_\_

Amount and frequency of financial support: \_\_\_\_\_

**EXPENSES:** Please provide monthly expense information for the following and include documentation.

Household	Auto	Medical
Mortgage:	Loan/Lease:	Medicines:
Gas/Electric:	Gas:	Bills:
Water:	Insurance:	
Phone:		
Garbage:		
Food:		*Documentation Required

**IMPORTANT:** With this petition you must submit copies of the following applicable documents from the previous year for yourself, and every member of the household (not including minors).

- Federal, State and City Income Tax Returns – 1040 or 1040A and any schedules
- All W-2 and 1099 Forms
- Michigan Homestead Property Tax Credit Claim MI-1040CR & Home Heating Credit
- Social Security Benefit Statement Form SSA-1099
- DSS Year End Total Payments Report
- Statement from Friend of the Court
- Copy of Driver’s License or State ID
- Two (2) Recent Bank Statements, Retirement Accounts etc.
- Food Assistance Letter with Monthly Amount
- Bills related to monthly expenses (Include medical and auto)
- A copy of a deed, land contract or other evidence of ownership

I, the undersigned Petitioner, hereby declare that the foregoing information is complete and true and that neither I, nor any household member residing within the principal residency, have money, income or property other than mentioned herein.

I (we) feel that the payment of the full property taxes on this homestead will place an unreasonable burden on my (our) personal finances and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I (we) have read this application and fully understand the contents thereof. I (we) also understand that any relief granted by this application is for **THE CURRENT YEAR ONLY**.

I declare, under penalty of perjury, that the information in this application and attachments is true and complete to the best of my information, knowledge and belief.

Petitioner’s Name (print) \_\_\_\_\_

Petitioner’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Owner’s Name (print) \_\_\_\_\_

Co-Owner’s Signature \_\_\_\_\_

Date \_\_\_\_\_

**Complete, sign and submit this application to the Office of the City Assessor by March 1, 2017 for the March Board of Review, July 3, 2017 for the July Board of Review and December 1, 2017 for the December Board of Review.**

Board of Review  
C/O City of Portage Assessor  
7900 South Westnedge Ave  
Portage, MI 49002

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DECISIONS OF THE MARCH BOARD OF REVIEW MAY BE APPEALED IN WRITING TO THE MICHIGAN TAX TRIBUNAL BY JULY 31 OF THE CURRENT YEAR. JULY OR DECEMBER BOARD OF REVIEW DENIALS MAY BE APPEALED TO THE MICHIGAN TAX TRIBUNAL WITHIN 30 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE FILING.

**Michigan Tax Tribunal  
PO Box 30232  
Lansing, MI 48909  
Phone: 517-373-3003  
Fax: 517-373-1633  
E-Mail: [taxtrib@michigan.gov](mailto:taxtrib@michigan.gov)**