

## 2020 POVERTY EXEMPTION GUIDELINES

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

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 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 on right). Household assets (a limit of \$25,000) are also considered and must be recorded with the application.

**Federal Poverty Income Guidelines as Determined by the U.S. Department of Health and Humans Services for Use in Setting Poverty Exemption Guidelines for 2020 Assessments.**

Household Size*	Maximum Income
1 person	\$12,490
2 persons	\$16,910
3 persons	\$21,330
4 persons	\$25,750
5 persons	\$30,170
6 persons	\$34,590
7 persons	\$39,010
8 persons	\$43,430

\*For households with more than 8 persons, add \$4,420 for each additional person.

If you think you qualify for a homestead poverty exemption, complete and submit the **Poverty Exemption Application for 2020**. A paper application form is available at the Office of the City Assessor and can also be downloaded and printed- OR- completed electronically at [www.portagemi.gov](http://www.portagemi.gov) -> Government->Departments-> City Assessor -> Property Tax Forms -> Poverty Application. Applications shall be filed each year for consideration on an annual basis.

### Deadline Dates for Poverty Exemption Applications:

For the application to be heard at the March 2020 Board of Review:

The application must be received by the office of the City Assessor by **March 2, 2020.**

For the application to be heard at the July 2020 Board of Review:

The application must be received by the office of the City Assessor by **July 7, 2020.**

For the application to be heard at the December 2020 Board of Review:

The application must be received by the office of the City Assessor by **December 1, 2020.**

# Property Tax Poverty Exemption Application for 2020

*Revised 01/02/2020*

I \_\_\_\_\_, Petitioner, being the owner of and residing at the property listed below as my principal residence, apply for property tax relief under MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893. The principal residence of persons who, in the judgment of the City Assessor and Board of Review, by reason of poverty are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation per MCL 211.7u(1).

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

**PERSONAL INFORMATION:** Please list all required personal information.

Property Address of Principle Residence: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

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

Age of Petitioner: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age of Spouse: \_\_\_\_\_

Number of Legal Dependents: \_\_\_\_\_ Age of Dependents: \_\_\_\_\_

Have you applied for the Homestead Property Tax Credit?  Yes  No

Amount of Homestead Property Tax Credit: \_\_\_\_\_

**LIST ALL PERSONS LIVING IN HOUSEHOLD:** Please list all persons residing in the home. Must provide all required documentation for each person residing in the home.

First & Last Name	Age	Relationship to Petitioner	Place of Employment	Monetary Contribution to Household Income
A.				
B.				
C.				
D.				
E.				
F.				

**REAL ESTATE INFORMATION:** Please provide the real estate information related to the principle residence. Attach a Deed, Land Contract or other evidence of ownership.

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

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

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

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

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

Do you own or are you purchasing any other property?  Yes  No

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? How long? \_\_\_\_\_

Are you disabled?  Yes  No If yes, do you receive disability income?  Yes  No

Describe any Disability or Health Problems: \_\_\_\_\_

Describe any changes to employment status in the last year, if any: \_\_\_\_\_

**EMPLOYMENT STATUS (OCCUPANT 18+):** List current employment information for any occupant's over the age of 18. Attach additional paper as needed.

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

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

Are you (check all that apply):  Unemployed?  Retired? How long? \_\_\_\_\_

Are you disabled?  Yes  No If yes, do you receive disability income?  Yes  No

Describe any Disability or Health Problems: \_\_\_\_\_  
 \_\_\_\_\_

Describe any changes to employment status in the last year, if any: \_\_\_\_\_  
 \_\_\_\_\_

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

**INCOME ITEMS- Monthly Amounts**

	Person A	Person B	Person C	Person D
Interest/Dividend Income				
Trust Income				
Wages/Tips/Commission				
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>				

**OWNED, FINANCED OR LEASED VEHICLES:** All motor vehicles (including motorcycles, campers, motor homes, etc.) held or owned by any person residing within the household must be listed. Attach additional paper as needed.

	Person A	Person B	Person C	Person D
Make				
Year				
Monthly Payment				
Balance Owed				

**OTHER ASSETS:** Provide information regarding additional assets. Attach additional paper as needed.

	Person A	Person B	Person C	Person D
Cash & Checking Accounts				
Savings Accts & Certificates				
IRA				
Stocks/Bonds/ Investments				
Insurance Policy				
Annuity Value				
Trust Value				
Deferred Compensation				
Other				

**SUPPLEMENTAL ASSISTANCE: Monthly Amounts**

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

Do you or any person residing at this property receive financial support from any person not residing 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 for any applicable expenses, excluding food and gas.

Household	Household (continued)	Auto
Mortgage:	Food:	Loan/Lease:
Homeowners Insurance:	Cable:	Gas:
Gas/ Electric:	Internet:	Insurance:
Water/Sewer:	Other Bills (specify):	<b>Medical</b>
Cell Phone:		Medicines:
Home Phone:		Bills:
Garbage:		Other (Specify):

**Please note deadlines listed below:**

For the application to be heard at the March 2020 Board of Review:

The application must be received by the Office of the City Assessor by **March 2, 2020.**

For the application to be heard at the July 2020 Board of Review:

The application must be received by the Office of the City Assessor by **July 7, 2020.**

For the application to be heard at the December 2020 Board of Review:

The application must be received by the Office of the City Assessor by **December 1, 2020.**

**REQUIRED:** With this petition you must submit copies of the following applicable documents for yourself, and **every member of the household** (with the exception of minors). Please check the appropriate box prior to submitting application to ensure all required documents are provided & list reason for not providing a specific document. Board may deny application if incomplete.

**Federal, State and City Income Tax Returns- 1040 or 1040A and any schedules (or Poverty Exemption Affidavit)**

Provided  Not Applicable- Give Reason: \_\_\_\_\_

**All W-2 and 1099 Forms**

Provided  Not Applicable- Give Reason: \_\_\_\_\_

**Michigan Homestead Property Tax Credit Claim MI-1040CR & Home Heating Credit**

Provided  Not Applicable- Give Reason: \_\_\_\_\_

**Copy of most recent Social Security Benefit Statement Form SSA-1099**

Provided  Not Applicable- Give Reason: \_\_\_\_\_

**Copy of Valid Driver License or State ID**

Provided  Not Applicable- Give Reason: \_\_\_\_\_

**Two (2) Recent Bank Statements, Retirement Accounts, Etc.**

Provided  Not Applicable- Give Reason: \_\_\_\_\_

**Documentation of Expenses**

Provided  Not Applicable- Give Reason: \_\_\_\_\_

**Food Assistance Letter with Monthly Amount**

Provided  Not Applicable- Give Reason: \_\_\_\_\_

**A copy of Deed, Land Contract or other evidence of ownership**

Provided  Not Applicable- Give Reason: \_\_\_\_\_

**Letter addressed to the Board or Review clarifying any unusual or extenuating circumstances**

Provided  Not Applicable

I the undersigned Petitioner, hereby declare that the foregoing information is compete and true and that neither I, nor any household member residing within the principle residence, have assets, income, or property other than mentioned herein.

I (we) feel that 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 Complied 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/Owner Printed Name \_\_\_\_\_

Petitioner/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Owners Printed Name \_\_\_\_\_

Co-Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete, sign and submit this application to the Office of the City Assessor by March 2, 2020 for the March Board of Review; July 7, 2020 for the July Board of Review; and December 1, 2020 for the December Board of Review.**

**Board of Review  
C/O City of Portage Assessor  
7900 S 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 TAX YEAR. JULY OR DECEMBER BOARD OF REVIEW DENIALS MAY BE APPEALED TO THE MICHIGAN TAX TRIBUNAL WITHIN 35 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE FILING.

Michigan Tax Tribunal  
P.O. Box 30232  
Lansing, MI 48909  
Phone: 517-373-3003  
Fax: 517-373-1633  
E-mail: taxtrib@michigan.gov