

**RICHFIELD TOWNSHIP**

**POVERTY EXEMPTION GUIDELINES RESOLUTION**

**RESOLUTION NO. 07-15**  
**Presented: December 11, 2007**  
**Adopted: January 8, 2008**

WHEREAS, the adoption of guidelines for poverty exemptions is within the purview of the township board; and

WHEREAS, the homestead of persons who, in the judgment of the supervisor and board of review, by reason of poverty, are unable to contribute to the public charges is eligible for exemption in whole or part from taxation under Public Act 390, 1994 (MCL 211.7u); and

WHEREAS, pursuant to 1994 PA 390, Richfield Township, Genesee County, Michigan adopts the following guidelines for the supervisor and board of review to implement. The guidelines shall include but not be limited to the specific income and asset levels of the claimant and all persons residing in the household, including any property tax credit returns, filed in the current or immediately preceding year;

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

- 1) Be an owner of and occupy as a homestead, the property, for which an exemption is requested; and
- 2) File a claim with the supervisor or board of review, accompanied by federal and state income tax returns for all persons residing in the homestead, including any property tax credit returns filed in the immediately preceding year or in the current year; and
- 3) Produce a valid drivers' license or other form of identification if requested; and
- 4) Produce, upon request, a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.; and
- 5) Meet the Township's poverty income standards. These income standards will be based upon the current year Federal Poverty Thresholds multiplied by a rate of 120% (one hundred twenty percent).
- 6) File the application for an exemption after January 1, but before the day prior to the last day the board of review meets; and
- 7) Comply with any additional eligibility requirements as determined by the Township board.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the board of review shall follow the above stated policy and federal guidelines in granting or denying an exemption, unless the board of review determines there are substantial and compelling reasons why there should be a deviation from the policy and federal guidelines and these are communicated in writing to the claimant.

At a regular meeting of the Board of Trustees for the Township of Richfield held on the 8th day of January 8, board member Montague moved for adoption of the foregoing resolution and board member Schneider supported the motion.

Voting for: 3

Voting against: 2

The Supervisor declared the resolution adopted.

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James G. Jacques  
Supervisor

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Lisa Holmes  
Clerk

#### CERTIFICATION

I hereby certify that the foregoing resolution was adopted by the township board of said township at the regular meeting of said board held on January 8, 2008 at which meeting a quorum was present and a vote taken of said members as hereinbefore set forth; that said resolution was ordered to take immediate effect.

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Lisa Holmes  
Clerk

## PROPERTY TAX POVERTY EXEMPTION GUIDELINES

### ELIGIBILITY REQUIREMENTS OF RICHFIELD TOWNSHIP, GENESEE COUNTY, MICHIGAN

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

- 1) Be an owner of and occupy as a homestead the property for which an exemption is requested.; and
- 2) File a claim with the supervisor or board of review, accompanied by federal and state income tax returns for all persons residing in the homestead, including any property tax credit returns filed in the immediately preceding year or in the current year; and
- 3) Produce a valid drivers' license or other form of identification if requested; and
- 4) Produce, upon request, a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.; and
- 5) Meet the Township's poverty income standards. These income standards will be based upon the current year Federal Poverty Thresholds multiplied by a rate of 120% (one hundred twenty percent).
- 6) File the application for an exemption after January 1, but before the day prior to the last day the board of review meets; and
- 7) Provide documentation to support the monthly expenses and monthly income; and
- 8) Comply with any additional eligibility requirements as determined by the Township board.

## Hardship Exemption Application

I, \_\_\_\_\_, being the owner and resident of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act. The real and personal property of persons who, in the judgment of the supervisor 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 under this act.

Property Code Number: \_\_\_\_\_

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

Property Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Marital Status: \_\_\_\_\_

Age of Applicant: \_\_\_\_\_ Age of Spouse: \_\_\_\_\_

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

Have you applied for Homestead Property Tax Credit this year? \_\_\_\_\_

How much was your Property Tax Credit? \_\_\_\_\_

**\*\*Attach copy of 1040 CR and federal or state income tax return for each person residing in the homestead, if filed for the current or preceding year.\*\***

**REAL ESTATE:** Is home paid for? \_\_\_\_\_ Unpaid balance: \_\_\_\_\_

Name of mortgage company: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ How long have you lived at this residence? \_\_\_\_\_

Do you own, or are you buying any other property? \_\_\_\_\_ If so, list below:

Property Address	Name of Owner	Assessed Value	Amount and Date of Last Taxes Paid

Income earned from above property: \$ \_\_\_\_\_

Name of employer: \_\_\_\_\_

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

Phone number: (\_\_\_\_) \_\_\_\_\_

List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, workers' compensation, dividends, claims and judgments from lawsuits, alimony, child support and any other source.

Source of Income	Monthly or Annual Income

**SAVINGS AND INVESTMENTS:** List all savings owned by you or your spouse, including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds or similar investment.

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment

**MOTOR VEHICLES IN HOUSEHOLD:**

Make	Year	Monthly Payment	Balance Owed

**LIST ALL PERSONS LIVING IN HOUSEHOLD**

Last Name	First Name	Age	Relationship to Claimant	Place of Employment	Contribution to Family Income

**PERSONAL DEBTS:**

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

**MONTHLY EXPENSES:**

Utilities: \_\_\_\_\_ Food: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Clothing: \_\_\_\_\_ Heat: \_\_\_\_\_ Car Expense: \_\_\_\_\_  
 Insurance \_\_\_\_\_ Other (specify): \_\_\_\_\_

**OTHER ASSETS:** List all other assets and their values that are owned or controlled by you (for example: boats, coin collection, antiques, silver).

Type of Asset	Value	Income Derived from Assets	Owner

## Reason for Exemption Request

**NOTICE: Any willful misstatements or misrepresentations made on this form may constitute perjury, which, under the law, is a felony punishable by fine or imprisonment.**

**NOTICE:** A copy of your latest federal income tax return, state income tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income.

**NOTE:** Do not sign until witnessed by the supervisor, assessor, board of review or notary public.

**STATE OF MICHIGAN  
COUNTY OF GENESEE**

\_\_\_\_\_ the undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

\_\_\_\_\_  
Petitioner

Subscribed and sworn this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_\_.

Signature:

\_\_\_\_\_  
Supervisor, Assessor, Board of Review Member or Notary Public

This application shall be filed after January 1, but before the day prior to the last day of board of review.

Address:

\_\_\_\_\_  
\_\_\_\_\_

### FOR BOARD OF REVIEW USE

Disposition by Board of Review \_\_\_\_\_ Date \_\_\_\_\_

Denied: \_\_\_\_\_ Approved: \_\_\_\_\_ Assessment reduced to: \_\_\_\_\_

Supervisor \_\_\_\_\_ Chairperson \_\_\_\_\_

Second Member \_\_\_\_\_ Third Member \_\_\_\_\_

Decisions may be appealed to the Michigan Tax Tribunal.