Michigan Department of Treasury 5737 (01-21), Page 1 of 4

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 bousehold, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.

PAR	T 1: PERSONAL	. INFORMATIO	N — Peudoner must i	at all redones below			
Patitic	ner's Name				Daylima Phone	Number	-
Age o	of Petitioner Markal Status			Age of Spouse	Nun	ber of Lega	l Dependents
Property Address of Principal Residence			City		State	ZIP Code	
C	Check if applied	for Homestead	Property Tax Credit	Amount of Homestead Prop	erty Tax Credit		
PAR	T 2: REAL ESTA	TE INFORMAT	ION			-	
List	the reat estate in lence of ownersh	formation relate ip of the propert	d to your principal res	sidence. Be prepared riew meeting.	to provide a	deed, lar	nd contract or othe
Рторе	rty Parcel Code Number			Name of Mortgage Compar	4		
Unpaid Balance Owed on Principal Residence Monthly Payment			Monthly Payment		lence		
	rty Description				1		
	ny Description				1		
Prope	ny Description	L PROPERTY	INFORMATION				
Prope	RT 3: ADDITIONA			ou or any member res	iding in the h	ousehok	L
Prope	ET 3: ADDITIONA Information relati	n, or are buying					l, tram other Property
Prope	rt 3: ADDITIONA Information relate	n, or are buying	property owned by yo				
Prope	T 3: ADDITIONA Information relati Check if you ow information belo	n, or are buying	property owned by yo	ecked, complete the		State	rum other Property
PAF List	Information related information below information info	n, or are buying	property owned by yo	cay	Amount of Inco	State	com other Property

Continue on Page 2

tome of Employer cortact Person PART 5: INCOME SOURCE List all income sources, incl accounts), unemployment of udoments from lawsuits, all			City	•		State	ZIP Code
Contact Person PART 5: INCOME SOURCE List all income sources, included accounts), unemployment of			Angenzanne zer			State	ZIP Code
PART 5: INCOME SOURCE List all income sources, incl accounts), unemployment of							
List all income sources, included	**		Employer Takophona Number				
List all income sources, included	ART 5: INCOME SOURCES						
ncome, for all persons resi	compensation, of limony, child su	fisability, gover pport, friend o	riment pension	ns, worke	's compens	ation, div	idends, claims and
	Mont			thly or Annual Income (indicate which)			
PART 6: CHECKING, SAVI	NGS AND INV	ESTMENT INF	ORMATION			-	
List any and all savings or accounts, postal savings, o persons residing at the pro	redit union sha						
Name of Financial Institution or Investments		Amount Deposit I	Current nterest Rate	Nan	Name on Account		Value of Investment
ART 7: LIFE INSURANCE	— List all poli	cies held by all	household m	embers.			1
Name of Insured	Amount of Policy	Monthly Payments	Policy Pak Full		me of Beno	ficlary	Relationship to Insured
PART 8: MOTOR VEHICLE	INFORMATIO	N					
All motor vehicles (including within the household must be		motor homes	i, camper trail	ers, etc.)	held or own	ed by a	ny person residing
Make		Year	Monthly		ity Payment E		alance Owed

Continue on Page 3

PART 9: HOUSEHOLD OC	CUPANTS	— List all pe	arsons li	iving	in the househ	old.		
First and Last	Name	Τ,	\ge		elationship Applicant	Place of	Employment	\$ Contribution to Family Income
2 - 3 - 128 - 138								
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					The state of the s			
						 		
PART 10: PERSONAL DE	BT — List al	Il personal d	ebt for a	all ho	usehold mem	bers.	1 1 1 1 1 1	
			Dat	te				
Creditor	Purpose of Debt		of De		Original Ba	lance Mo	nthly Paymen	Batance Owed
		- 1						
		-					2011	
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	3.224.00.00			2-20				
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PO90041								S-SI - CONTRACTOR RULE IN A OMIS
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		89 G						
2012 1 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A								
PART 11: MONTHLY EXP	ENSE INFO	RMATION		200				
The amount of monthly exnecessary.	kpenses rela	ited to the p	xincipal	resi	dence for eac	th category	must be liste	d. Indicate N/A as
Heating	Electric	Deciric		Water			Phone	V
Carble	Food			Clothing		Health Insurance		
	,			-				
Carbage		Daycare				Car Expense (gas, rep		-)
Other (type and amount)		Other (type and amount)			Other (type and emount)			
Other (type and amount)		Other (type and amount)			Other (type and amount)			

Continue and sign on Page 4

NOTICE: Per MCL 211.7v(2)(b), (ederal and state income tax returns for elli 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.

used for the granting of exempthe federal poverty guidelines por Health and Human Services adopted by the governing bod eligibility requirements less that the specific income and asset I persons must not exceed the li	I assessing unit shall determine and make av- tions under MCL 211.7u. In order to be eligible ubtished in the prior calendar year in the Fede under its authority to revise the poverty line up of the local assessing unit so long as the an the federal guidelines. The policy and gui- evets of the claimant and total household inc mits set forth in the guidelines edopted by the ed the applicable policy and guidelines edo t levets of the claimant and total household in	e for the exemption, the applicant must meet rra Register by the United States Department under 42 USC 9902, or alternative guidelines atternative guidelines do not provide income idelines must Include, but are not limited to, some and assets. The combined assets of all a local assessing unit.
PART 12: CERTIFICATION		
	ry knowledge that the information provided in property laxes pursuant to Michigan Compik	
Prestard Name	Signature	Deta
	1	

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

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