

# Napoleon Township Hardship Exemption Application

I, \_\_\_\_\_, Petitioner, being the owner and residing at the property that is 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 township supervisor or 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 for taxation per MCL 211.7u (1).

**In order to be considered complete, this application must: 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.**

**PERSONAL INFORMATION: Petitioner must** list all required personal information.

Property Address of Principal Residence:	Daytime Phone Number:	
Age of Petitioner:	Marital Status:	Age of Spouse:
Applied for Homestead Property Tax Credit (Yes or no)	Amount of Homestead Property Tax Credit: \$	

**REAL ESTATE INFORMATION:** List the real estate information related to your principal residence. Be prepared to provide a deed, land contract or other evidence of ownership of the property at the BOR meeting.

Property Parcel Code Number:	Name of Mortgage Company:	
Unpaid Balance Owed on Principal Residence: Provide current monthly statement if applies.	Monthly Payment:	Length of time at this residence:
Property Description		

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

Do you own, or are buying, other property (yes or no)? If yes, complete the information below		Amount of Income Earned from Other Property:	
Property Address	Name of Owner (s)	Assessed Value	Amt & Date of Last Taxes Paid

**EMPLOYMENT INFORMATION:** List your current employment information

Name of Employer:	Name of Contact Person:
Address of Employer:	Daytime Phone Number:

List all income sources, including but not limited to : salaries, Social Security, rents, pensions, IRA'S (individual retirement accounts), unemployment compensation, disability, government pension, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income.

Source of Income	Monthly or Annual Income (Indicate which)

**CHECKING, SAVINGS AND INVESTMENT INFORMATION:** List any and all savings owned by all household members, including but not limited to checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments.

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

**LIFE INSURANCE:** List all policies held by all household members.

Name of Insured	Amt of policy	Monthly Payment	Policy paid in full	Name of Beneficiary	Relationship to Insured

**MOTOR VEHICLE INFORMATION:** All motor vehicles (including motorcycles, motor homes, camper trailers, etc) held or owned by any person residing within the household must be listed.

Make	Year	Monthly Payment	Balance Owed

**LIST ALL PERSONS LIVING IN HOUSEHOLD:** All persons residing in the residence must be listed

First & Last Name	Age	Relationship to Applicant	Place of Employment	Amt of Monetary Contribution to family income

**PERSONAL DEBT:** All personal debt for all household members must be listed

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly payment	Balance owed

**MONTHLY EXPENSE INFORMATION:** The amt of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.

Heating:	Electric:	Water:	Phone:
Clothing:	Cable:	Food:	Car Ins:
Health Insurance:	Garbage:	Daycare:	Car (gas, repair)

Other must list type ex: Medical expenses (other than Health Insurance)      Receipts for medical required

Other:	Other:	Other:	Other:
Other:	Other:	Other:	Other:
Other:	Other:	Other:	Other:



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

- 1) Be the owner of and occupy as a homestead the property for which an exemption is requested.
- 2) File a claim with the Assessor 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 of in the current year.
- 3) Produce a valid drivers' license or other form of identification if requested.
- 4) Produce a deed, land contract, or other evidence of ownership of property for which an exemption is requested if requested.
- 5) Meet the Federal Poverty Income Guidelines as defined and determined annually by the United States Office of Management.
- 6) Meet additional eligibility requirements as determined by the township board, including:

A) The applicant must have total household assets (excluding the real estate value of the home stead) of less than \$15,000. The asset value shall be determined by the Assessor and Board of Review.

B) The applicant's net homestead property tax liability must be at least 5% of the total household income.

C) The Board will also consider all revenue and non-revenue producing assets owned by petitioner in its deliberations as to whether relief should be granted.

D) The application for exemption must be for homestead property that is not owned by a corporation.

E) A successful applicant may be subject to personal investigation by the Township. This would be done to verify information or statements made to the Assessor or Board of Review concerning their hardship tax exemption claim.

F) The Assessor may tape record and will keep minutes of all proceeding before the Board of Review and all meetings must be held at the Township Hall.

**BE IT ALSO 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 deviation from the policy and federal guidelines in which these are communicated in writing to claimant.

Size of Family Unit	Poverty Guidelines	Year 2016	Size of Family Unit	Poverty Guidelines
1	\$ 11,770		5	\$ 28,410
2	\$ 15,930		6	\$ 32,570
3	\$ 20,009		7	\$ 36,730
4	\$ 24,250		8	\$ 40,890

For each additional person add \$ 4,160