Poverty Exemption Eligibility Requirements for

Morton Township, Mecosta County

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

1) Be an owner of and occupy as a homestead (principle residence) the property for which an exemption is requested.

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 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 the property for which an exemption is requested, if requested.

5) Meet the federal poverty income standards as defined and determined annually by the United States Office of Management and Budget.

6) The application for an exemption shall be filed after January 1, but before the day prior to the last day of board of review.

7) Any additional eligibility requirements as determined by the township board.

MORTON TOWNSHIP
APPLICATION FOR ONE YEAR HARDSHIP REDUCTION

COMPLETE ENTIRE APPLICATION AND RETURN IT ALONG WITH THE **MOST RECENT** COPY OF THE FOLLOWING:

(1) FEDERAL TAX RETURN
(2) STATE OF MICHIGAN INCOME TAX RETURN
(3) MICHIGAN HOMESTEAD PROPERTY TAX CREDIT CLAIM (1040-CR)
(4) ALL INCOME STATEMENTS ASSOCIATED W/ABOVE RETURNS (W-2'S, 1099'S)

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT ALL OF THIS INFORMATION

PERSONAL DATA

Name: _____ Are you 65 or older? YES NO

Address: _____ Phone #: _____

Social Security #: _____ Are you disabled? YES NO

Nature of Disability: _____

# of Dependents: _____ Ages: _____

List all occupants of the home and their relationship:

NAME	RELATIONSHIP

Attach additional pages if necessary

PROPERTY INFORMATION

Year property was purchased: _____ Purchase Price: _____

Do you own the property free and clear? YES NO ------→ What is your monthly payment? _____

Are the taxes included in your payment? YES NO

Are the taxes current? YES NO ----→ Amount past due? _____

Do you own other real estate? NO YES----→ Please list below the location, value and type

LOCATION OF OTHER REAL ESTATE	VALUE	TYPE

Attach additional pages if necessary

EMPLOYMENT STATUS

Are you, your spouse or other members of the household employed?

Self: NO YES ---→ Employer Name & Address: _____

Spouse: NO YES ---→ Employer Name & Address: _____

Other members of household: NO YES ---→ Employer Name & Address: _____

_____ _____

_____ _____

_____ _____

TOTAL ESTIMATED HOUSEHOLD INCOME DECLARATION

SOURCE	MONTHLY AMOUNT
Wages/Salaries/Tips	
Social Security/SSI	
Veteran's Disability Compensation and Pension Benefits	
Pension or Retirement	
Interest and/or Dividends	
Capital Gains less Capital Losses	
Rental Income	
Business or Royalty Income	
Farm Income	
Disability Payments	
General Assistance/ADC	
All other Public Assistance (food stamps, fuel assistance, etc.)	
Alimony	
Child Support or Military Family Allotments	
Unemployment Benefits	
Workers Comp	
College/University Scholarships, Grants, Fellowships/Assistant Fellowships	
Other Income from Family	
Income from Land Contracts, etc.	
Any Other Income	

TOTAL PROJECTED INCOME FOR CURRENT YEAR _____

ASSETS

Do you have a savings account? NO YES -→ Balance:_____ Bank:_____

Do you own any time certificates? NO YES -→ Type:_____ Value:_____

Investments

On the lines below, list all stocks, bonds, mortgages, annuities, U.S. Savings Bonds or any other investments you, the co-owner or any member of your household has.

Description of Investment	Present Value	Income Earned Last Year

Life Insurance Policies

On the lines below, list all the insurance policies held by you, the co-owner or any member of the household.

Insured Name	Policy Amount	Amount Paid Monthly	Cash Value of Policy	Name of Beneficiary	Relationship

Motor Vehicles

On the lines below, list all automobiles, motorcycles, trucks, off-road vehicles, etc. owned by you, the co-owner or any member of the household.

Make and Model	Year	License Number	Monthly Payment	Balance Owed

All Other Assets

One the lines 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, coin collections, antiques, jewelry, silver, etc.)

Type of Asset	Value	Owner

EXPENSE INFORMATION

Average Monthly Expenses _____

House Payment (Principle & Interest) _____

Life Insurance _____

Health Insurance _____

Home Insurance _____

Auto Insurance _____

Taxes (Homestead) _____

Taxes on other Real Estate _____

Utilities: Electric _____

Gas/Oil/Heat _____

Telephone _____

Garbage _____

Child Care _____

Food & Clothing _____

Credit Card #1 _____ Balance _____

Credit Card #2 _____ Balance _____

Credit Card #3 _____ Balance _____

Medical Expenses (After Insurance) _____

Did you receive a State of Michigan Senior Citizen Drug Claim Credit? YES NO

All other Debts

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

Do you have any unusual expenses? NO YES -→ Please describe:

_____

Is there any other information you feel the Board of Review should consider?

I/WE DECLARE THAT I/WE ARE UNABLE TO PAY THE FULL PROPERTY TAX LEVY ON THE ABOVE DESCRIBED PARCEL AND HEREBY MAKE APPLICATION FOR PROPERTY TAX RELIEF DUE TO HARDSHIP IN ACCORDANCE WITH SECTION 211.7u OF MICHIGAN COMPILED LAWS. I/WE DECLARE THAT THE STATEMENTS MADE HEREIN ARE COMPLETE, TRUE AND CORRECT. I/WE FURTHER UNDERSTAND THAT IF ANY INFORMATION CONTAINED HEREIN IS FOUND TO BE FALSE OR INCOMPLETE, ANY AND ALL RELIEF GRANTED BY THIS APPLICATION WILL BE FORFEITED AND PLACED BACK ON THE ASSESSMENT ROLL WITH PENALTIES AND INTEREST, AND IS ALSO PUNISHABLE BY PENALTY OF PERJURY.

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

Applicant _____ Date _____

Applicant _____ Date _____

Witness/Notary _____

THIS APPLICATION SHALL BE FILED AFTER JANUARY 1, BUT BEFORE THE DAY PRIOR TO THE LAST DAY OF BOARD OF REVIEW

FOR BOARD OF REVIEW USE ONLY

Disposition by Board of Review Date _____

Denied _____ Approved _____ Assessed Value Reduced to: _____

Taxable Value Reduced to: _____

Supervisor _____

Chairperson _____

Second Member _____

Third Member _____

DECISIONS MAY BE APPEALED TO THE MICHIGAN TAX TRIBUNAL AT:
P.O. BOX 30232
LANSING MI 48909-7732