



CITY OF BATTLE CREEK, MICHIGAN

OFFICE OF THE CITY ASSESSOR
STEVEN HUDSON, CITY ASSESSOR

DECLARATION OF POVERTY & REQUEST FOR TAX RELIEF APPLICATION

As of December 31, _____

Property ID Number: _____

Current State Equalized Value: _____ Current Taxable Value: _____

Property Address: _____

APPLICANT INFORMATION

IMPORTANT: It is necessary that you fill out this petition as carefully as you can. All questions must be answered. Please have supporting information such as contracts, mortgage receipts, tax receipts, bankbooks, etc. available. An investigator may call at your home to examine your records. **NOTE:** Any person making a false petition for the purpose of exemption from taxation shall be guilty of the crime of perjury, and shall be punished accordingly.

I (We) hereby appeal to the Board of Review for a reduction of taxable valuation because of inability to contribute fully toward the public charges by reason of **POVERTY**.

Name of Owner & Co-Owners: _____

Street Address: _____

City, State, Zip: _____ Phone Number: _____

Did you or a co-owner apply for a Michigan Homestead Property Tax Credit? ___yes ___no

If YES, did you receive a refund or tax credit? ___refund ___credit How Much:\$_____

If NO, why not: _____

Owners:

Social Security # _____

Age as of Dec 31st: _____

Are you blind? ___YES ___NO

Are you paraplegic, hemiplegic or quadriplegic? ___YES ___NO

Are you totally and permanently disabled as defined under Social Security Guidelines 42 USC 416?
___YES ___NO

Are you a Veteran with service-connected disability? ___YES ___NO

If YES, what % of disability? _____%

Are you a surviving spouse of a Veteran with a service-connected disability? ___YES ___NO

If YES, what % of disability? _____%

GENERAL INFORMATION

Check one: ___Married ___Single ___Divorced ___Widow ___Widower ___Separated

How long have you been a resident of the City/Township? ____years

What year did you purchase this property? _____

Purchase Price? \$_____ Down Payment \$_____ Interest Rate _____%

Total unpaid balance of mortgage as of 12/31/_____ \$_____

Mortgage or Contract Holder: _____

Taxes: Delinquent years _____ Delinquent Amount \$_____

List all persons living in the household (including yourself):

<u>Last Name</u>	<u>First Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Employment</u>

INCOME & ASSETS

SECTION A: Schedule of Family Income

DO NOT INCLUDE THE FOLLOWING:

1. Money received from the sale of property such as stocks, bonds, a house, or a car unless a person is in the business of selling such property.
2. Withdrawals of bank deposits and borrowed money.
3. Tax refunds, gifts, loans, and lump-sum inheritances, one-time insurance payments.
4. Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms.
5. Federal non-cash benefit programs such as Medicare, Medicaid, food stamps, school lunches.

INCLUDE INCOME OF ALL PERSONS RESIDING IN THE HOME:

1. Salaries, wages, tips & other employee compensation (include strike, sick & sub pay)	\$
2. All dividends & interest (including US., state & municipal bond interest)	
3. Net rent, royalty, business, gambling or lottery income	
4. Annuity & pension benefits; Name of Payer_____	
5. Net farm income	
6. All Capital gains less capital losses	
7. Alimony & other taxable income; Describe_____	
8. Other adjusted income	
9. Social Security, supplemental income (SSI) or railroad retirement benefits	
10. Unemployment compensation & trade readjustment allowance (TRA) benefits	
11. Child Support, Military Family Allotments	
12. College or university scholarships, grants, fellowships and assistant fellowships	
13. Other non-taxable income; Describe_____	
14. Worker's compensation, veteran's disability compensation & pension benefits	
15. ADC, GA or Emergency Assistance benefits	
16. All other public assistance payments (food stamps, fuel assistance, etc.) Describe_____	
17. SUBTOTAL (add lines 1 through 16)	\$
18. Insurance premiums you paid for medical care for yourself and family	
19. TOTAL HOUSEHOLD INCOME (subtract line 18 from line 17)	\$

SECTION B: Investments

On spaces below, list all stocks, bonds, mortgages, land contracts, annuities, US. 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
	\$	\$

SECTION C: Real Estate

In the spaces below, list all property owned in full or in part by you, the co-owner or any member of your household (houses, land, cottages, garages, stores, etc.) Do not list the property this application is being applied for.

Address of Property	Owner	Market Value	Taxes	Income
		\$	\$	\$

SECTION D: Life Insurance Policies

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

Insured	Amount of Policy	Amount Paid Monthly	Cash Value of Policy	Name of Beneficiary	Relationship to Insured
	\$	\$	\$		

SECTION E: Motor Vehicles

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

Make & Model	Year	License Number	Monthly Payment	Balanced Owed
			\$	\$

SECTION F: All Other Assets

In the spaces 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
	\$	

EXPENSES

SECTION A: Debts

In the spaces below, list all outstanding debts that you, the co-owner, or any member of the household may have. Include mortgages, home improvement loans, chattel mortgages, finance company loans, personal loans, credit cards, automobile loans, etc. Do not include the mortgage payments for the property being applied for.

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balanced Owed
			\$	\$	\$

SECTION B: Subsistence Costs

In the spaces below, list the actual monthly household costs where available and estimate the others as closely as possible. You may be asked to verify your estimates with copies of bills and receipts.

1. Land Contract or Mortgage payment for homestead only Does this include an escrow amount for tax purposes ___YES ___NO		\$
2. Gas or Fuel Oil Did you receive a State of Michigan Home Heating Credit ___YES ___NO. If YES, how much \$ _____	\$	
3. Electricity		\$
4. Water, Sewer, Garbage		\$
5. Food (exclude liquor, cigarettes, pet food, pop, etc.)		\$
6. Doctors & Medicine Do you have medical insurance? ___YES ___NO. If YES, who_____. Please be ready to provide a copy of your policy if so requested. Did you receive a State of Michigan Senior Citizen Prescription Drug Claim Credit? ___YES ___NO. If YES, how much?	\$	
7. Homeowner's Insurance		\$
8. TOTAL SUBSISTENCE HOUSEHOLD EXPENSES		\$
9. TOTAL HOUSEHOLD CREDITS	\$	
10. NET TOTAL SUBSISTENCE HOUSEHOLD EXPENSES (line 8 minus line 9)		\$

ADDITIONAL INFORMATION

With this petition you will need to submit last year's copies of the following applicable documents for yourself, the co-owner, and every member of the household.

- 1. Federal, State and City Income Tax Returns - 1040 or 1040A and any schedules
- 2. All W-2 and 1099 forms
- 3. Michigan Homestead Property Tax Credit Claim MI-1040CR
- 4. Michigan Home Heating Credit
- 5. Social Security Benefit Statement Form SSA-1099
- 6. DSS Year End Total Payments Report
- 7. Statement from Friend of the Court

NOTE: DO NOT SIGN THIS PETITION UNTIL WITNESSED BY THE ASSESSOR, BOARD OF REVIEW MEMBER, OR NOTARY.

I (We), _____, being duly sworn, depose and state under the penalties for perjury, that the information contained in this petition and my (our) financial condition as above stated is true and correct and to the best of my (our) knowledge and belief.

I (We), the Co-Owner, or any member of the household has no money, income or property other than herein mentioned. I (We) hereby grant permission to review income tax files in order to process this petition.

I (We) authorize the _____ of _____ to obtain and utilize whatever documentation and/or information necessary.

Applicant

Applicant

Subscribed and sworn this _____ day of _____, _____.

Assessor, Board of Review Member, or Notary