



City of Battle Creek POVERTY EXEMPTION APPLICATION

I (We), _____, Petitioner(s), being the owner(s) 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.

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(s) must list all required personal information.

Property Address of Principal Residence:	Daytime Phone Number:	
Age of Petitioner(s):	Marital Status:	Age of Spouse:
Number of Legal Dependents:	Age of Dependents:	
Applied for Homestead Property Tax Credit (yes or no):	Amount of Homestead Property Tax Credit:	
<p>Check if any of the following apply to you or your spouse:</p> <p>Blind? _____ Yes _____ No</p> <p>Paraplegic, hemiplegic or quadriplegic? _____ Yes _____ No</p> <p>Totally and permanently disabled as defined under Social Security Guidelines 42 USC 416? _____ Yes _____ No</p> <p>Veteran or surviving spouse of veteran with service-connected disability? _____ Yes _____ No</p> <p style="padding-left: 20px;">If Yes, what % of disability? _____</p> <p>Surviving spouse of a veteran deceased in service? _____ Yes _____ No</p> <p>Active military, pensioned veteran or his/her surviving spouse? _____ Yes _____ No</p> <p>Surviving spouse of a non-disabled or non-pensioned veteran of the Korean War, WW2, or WWI? _____ Yes _____ No</p>		

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:	Monthly Payment:	Length of Time at This Residence:

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	Amount & Date of Last Taxes Paid
		\$	
		\$	

EMPLOYMENT INFORMATION: List your current employment information.

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

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Address of Employer:	Employer Phone Number:

If necessary, attach separate sheet showing the information requested above for any other household member who is employed.

INCOME: List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRA's (individual retirement accounts), unemployment compensation, disability, government pensions, 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)

Michigan Income Tax Credit	Monthly or Annual Income (indicate which)
Home Heating Credit	
Homestead Property Tax Credit	

CASH ASSETS: 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 on Deposit	Current Interest Rate	Name on Account	Value of Investment

NON-CASH ASSETS: List any and **all** jewelry, antiques, artworks, equipment and other personal property of value.

Item	Estimated Value
Jewelry	
Antiques	
Equipment	
Artworks	
Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms	

Federal Non-Cash Benefits Programs	Monthly or Annual Income (indicate which)
Medicare	
Medicaid	
Food Stamps	
School Lunches	

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

Name of Insured	Amount 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 / Model	Year	Estimated Current Value	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	Amount 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 amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.

Heating:	Electric:	Water:
Phone:	Cable:	Food:
Clothing:	Health Insurance:	Garbage:
Daycare:	Car Expense (gas, repair, etc):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):

Other (list type):	Other (list type):	Other (list type):
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SUBSTANTIAL AND COMPELLING REASONS

In the space below list any substantial and compelling reasons you feel the Board should consider during the evaluation of this petition. Attach additional sheets, if necessary.

NON-FILING OF INCOME TAX: For every household member 18 years of age or older who has not filed a 2019 Federal and/or Michigan income Tax return, state the reason for non-filing. **NOTE: Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3 or 4) will be expected and should be filed by the applicant regardless of income.** *Note that if any household member is required to file a Federal or State income tax return for 2019 and has not yet done so, the return(s) MUST be filed before this application can be accepted.*

First & Last Name	Age	2019 Returns not filed	Reason for non-filing
		() Federal () State	
		() Federal () State	
		() Federal () State	
		() Federal () State	

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: Per MCL 211.7u(2b), a copy of all household member’s federal income tax returns, state income tax returns (MI-1040) and Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income. Documentation for all income sources including, but not limited to, credits, claims, Social Security income, child support, alimony income, and all other income sources must be provided at time of application.

