

Hardship Application Saline Township 2021

Applicant Name _____

Name of Spouse _____

Address of Property _____

Is this your Homestead? Yes No

Daytime Phone _____

Employment Status

Applicant Employed No Employer _____

Spouse Employed No Employer _____

Are you legally disabled? If disabled please provide documentation.

Applicant Yes No

Spouse Yes No

Are there any MAJOR or UNUSUAL Out-of-pocket expenses? Yes No

If so, please list below and provide verification

Type _____ \$ Amount per year _____

Type _____ \$ Amount per year _____

List all others living in the household

Name _____

Age _____

Relationship _____

Occupation _____

Income _____

Dependant? _____

Real Property Information

Purchase Date _____ Purchase Price _____

Have you financed this purchase? [] Yes [] No Monthly Payment _____

Are property taxes included with the payment? [] Yes [] No

Are the Property Taxes Current? [] Yes [] No

If no, outstanding amount \$ _____

Have you made any improvements within the past two (2) years? [] Yes [] No

If yes, what were they

Asset Information

Do have ownership interest in any Real Estate other than the requested hardship?

[] Yes [] No

If yes, identify said Real Estate

What are your assets other than real estate?

Cash \$ _____

Savings/Checking Account(s) \$ _____

Certificates of Deposit \$ _____

Stocks, Bonds, T-Bills \$ _____

Other Investments \$ _____

Misc. (Stamps, Coins, other) \$ _____

Vehicles

Make _____

Model _____

Year _____

Lease? _____

Balance owed? _____

2021 Estimated Household Income

Wages, Tips, Sub Pay Strike Pay Other	\$ _____
Social Security	\$ _____
Retirement, Pension, Annuity	\$ _____
Interest /Dividends of all types	\$ _____
Rent/Business Income	\$ _____
Disability of any type	\$ _____
ADC, SFA, SDA, RAP/REP	\$ _____
Alimony/ Child Support	\$ _____ <small>Attach a copy of DSS statement</small>
Unemployment	\$ _____
Other non-taxable income	\$ _____
What you pay for Medical Insurance	\$ (_____)
Your Total Income less Insurance	\$ _____
All other household income	\$ _____
Total Household Income	\$ _____

For BOR Use Only

Parcel Number R -18- ____ - ____ - ____

2021 Assessed Value \$ _____

Income X _____ = Non-refundable Taxes \$ _____

Other Notes:

Recommended 2021 BOR Decision: _____

Signed: _____

Date: _____, 2021

Michigan Department of Treasury
4988 (05-12)

Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

INSTRUCTIONS: When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an

affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

I, _____, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence:

Signature of Person Making Affidavit

Date

5102 (Rev. 01-19)

B. Federal Poverty Guidelines Used in the Determination of Poverty Exemptions for 2021

MCL 211.7u, which deals with poverty exemptions, was significantly altered by PA 390 of 1994 and was further amended by PA 620 of 2002. Local governing bodies are required to adopt guidelines that set income levels for their poverty exemption guidelines and those income levels **shall not be set lower** by a city or township than the federal poverty guidelines updated annually by the U.S. Department of Health and Human Services. This means, for example, that the income level for a household of 3 persons **shall not** be set lower than \$21,960 which is the amount shown on the following chart for a family

of 3 persons. The income level for a family of 3 persons may be set higher than \$21,960. Following are the federal poverty guidelines for use in setting poverty exemption guidelines for 2021 assessments:

Page 2 Size of Family Unit	Poverty Guidelines
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,600
For each additional person	\$4,540