Southfield Township

OFFICERS

James M. O'Reilly, Supervisor Eileen M. Harryvan, Clerk Kim Chalifoux, Treasurer

January 12, 2023

TRUSTEES

Bonnie Cook Daniel Nelson Paul A. Newitt Jon M. Oen

Dear Southfield Township Resident:

Enclosed you will find your application for 2023 Property Tax Relief. If you wish to apply for relief, you <u>must complete this form</u>. You will also need to call (248) 858-0776 if you wish to schedule an appointment to appear before the March Board of Review. I have also included an Application for Deferment of Summer Taxes, which you may also qualify for, if you are 62 years of age or older and meet the additional requirements. Please review and fill out the forms. If you have any further questions, call the telephone number listed below.

Please be advised that a copy of your 2022 Federal and State Income Tax Returns or Michigan Homestead Credit Form must be included in order for your Hardship and/or Deferment request to be processed.

You must hand deliver or mail the completed application(s) to: Southfield Township

18550 W. 13 Mile Road Beverly Hills, MI 48025 Attn: Clerk's Office

The completed application and accompanying paperwork must be received no later than March 3, 2023. If you do not complete the application in time for March Board of Review, you will have the opportunity to apply in July and December.

If you require additional information, please feel free to contact me at (248) 540-3420.

Sincerely,

Eileen Harryvan

Southfield Township Clerk

Encl:

EH/kc

SOUTHFIELD TOWNSHIP BOARD OF REVIEW

Southfield Township Board Policy for Applicants Requesting Consideration Under SECTION 211.7u of the GENERAL PROPERTY TAX ACT OF 1893: THE MICHIGAN HOMESTEAD POVERTY EXEMPTION.

APPLICATION PROCEDURES AND GUIDELINES

- 1. All applicants must obtain the proper current application from the Township's office, website or Oakland County Equalization. Physically disabled or infirmed applicants may call the Township office to make necessary arrangements for assistance. Applications will be accepted after January 1st through the day prior to the last day of the Board of Review.
- 2. Applicants will NOT be eligible for consideration if their income as reported on their income tax forms are greater than two and a half (2.5x) times the most current Federal Poverty Guidelines from the prior tax year determined annually by the United States Office of Management and Budget, to be updated annually. The annual allowable income includes the income for all persons residing in the principal residence.
- 3. Hardship exemption shall not be granted if the total value of the assets of the applicant and each member of the applicant's household exceed \$250,000. Excluding the property for which the exemption is requested and the principal vehicle BUT including all other property; including from all other persons residing in the household. Property shall include, but is not limited to: cash, savings, stocks, mutual funds, insurance commodities, coin collections, boats, jewelry, art, motor vehicles, recreation vehicles, second homes, cottages or any other saleable real property or other tangible items.
- 4. If a person meets the eligibility requirements, the Board may grant 100%, 50% or 25% exemption.
- 5. Hardship exemption shall not be granted to an applicant whose investments will produce an income, which when added to the applicant's household income exceeds two and a half (2.5x) times the federal poverty guidelines.
- A hardship exemption shall not be granted to any applicant who owns real property whether singly or jointly, regardless of location, other than his or her homestead.
- 7. All applicants must be the property's OWNER and reside therein.
- All applicants must fill out an application form in its entirety and return it either in person or by mail if physically unable to appear before the Board of Review.

- 9. Applicants MUST submit the most recent year's copies of the following for ALL residing in the Homestead:
 - A. Federal Income Tax Return-1040 or 1040A or 1040E.
 - B. Michigan Income Tax Return-MI1040, MI1040A or MI1040EZ.
 - C. Either a Senior Citizens Homestead Property Tax Form MI-1040CR-1 or General Homestead Property Tax Claim MI-1040CR-4.
 - D. Statement from Social Security Administration and/or the Michigan Social Services as to monies paid to applicants during the previous year, and a signed Form 4988 (attached).
- Produce a valid driver's license or Michigan State Identification card for all persons residing in the household if the board requests it.
- 11. Produce a deed, land contract or other evidence of ownership of the property if the board requests it.
- 12. A poverty exemption will be considered for the current year only. A new application must be submitted annually.
- 13. The applicant may be required to comply with any additional eligibility requirements as determined by the Township Board.

POVERTY APPLICATION CHECK LIST

Applications may be filed w/ this office beginning January 1, but in no event later than the day prior to the last day of the Board of Review.

Applicants must submit most recent year's copies of the following for all persons residing in the homestead:

- o Completed Signed Poverty Exemption Application.
- Most recent year copy of Federal Income Tax Return 1040 or 1040A for all persons residing in the home. (Please include supporting documents i.e. W-2 Forms, 1099 Forms).
- Most recent year copy of State of Michigan Income Tax Returns for all persons residing in the home.
- o Copy of filed Senior Citizens Homestead Property Tax Form MI-1040CR-1
- o or General Homestead Property Tax Claim MI-1040CR-4MI-1040-CR.
- If applicant did not file Michigan State Income Tax Return, they MUST provide an annual statement of benefits paid from the Social Security Administration or Michigan Department of Social Services and must sign State of Michigan Form 4988 Poverty Exemption Affidavit (attached).
- o W-2 Forms (Do not need if on Social Security).
- The applicant must supply a copy of current driver's license or other form of valid identification if requested.
- If requested, the applicant must provide a deed, land contract or other evidence of ownership of the property they are claiming the poverty exemption for.

^{*} All requested information must be included with Poverty Exemption Application. Without the above information the Board will not consider your application.

2023 FEDERAL POVERTY GUIDELINES

US Department of Health & Human Services

STC Bulletin 17 of 2022

| Size of Family Unit | 2.5x Federal Poverty Guidelines | | | | |
|----------------------------|---------------------------------|--|--|--|--|
| 1 | \$ 33,975 | | | | |
| 2 | \$ 45,775 | | | | |
| 3 | \$ 57,575 | | | | |
| 4 | \$ 69,375 | | | | |
| 5 | \$ 81,175 | | | | |
| 6 | \$ 92,975 | | | | |
| 7 | \$104,775 | | | | |
| 8 | \$116,575 | | | | |
| For each additional person | \$ 11,800 | | | | |

Asset Limit: the total value of the assets of the applicant and each member of the applicant's household shall not exceed \$250,000. Excluding the property for which the exemption is requested and the principal vehicle BUT including all other property; including from all other persons residing in the household. Property shall include, but is not limited to: cash, savings, stocks, mutual funds, certificates of deposit, insurance commodities, coin collections, boats, jewelry, art, motor vehicles, recreation vehicles, second homes, cottages or any other saleable real property or other tangible items.

Michigan Department of Treasury 5737 (01-21).

Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

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.

PART 1: PERSONAL INFORMATION: Petitioner must list all required personal information. Petitioner's Name: Daytime Phone Number: Age of Petitioner: Marital Status: Age of Spouse: Number of Legal Dependents: Property Address of Principal Residence: City: State: ZIP Code: Amount of Homestead Property Tax Credit: ☐ Check if applied for Homestead Property Tax Credit PART 2: 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 Board of Review meeting. Property Parcel Code Number: Name of Mortgage Company: Unpaid Balance Owed on Principal Residence: Monthly Payment: Length of Time at this Residence: Property Description: PART 3: ADDITIONAL PROPERTY INFORMATION: List information related to any other property owned by you or any member residing in the household. Amount of Income Earned from Other Property: Check if you own, or are buying, other property. If checked, complete the information below Property Address: City: State: ZIP Code: 1 Name of Owner(s): Assessed Value: Date of Last Taxes Paid: Amount of Taxes Paid: Property Address: City: ZIP code: State: 2 Name of Owner(s): Assessed Value: Date of Last Taxes Paid: Amount of Taxes Paid:

| Name of Employer: | | | | | - J | formation. | | | |
|--|-----------------|-------------|----------------------------------|--------------------------------|--------------|---|-----------------------------|-----------------------|-----------------------|
| | | | | | | | · · | | |
| Address of Employer: | | | City: | | | | State: | ZIP C | ode: |
| | | ×, | | | | : | | | |
| Contact Person: | | | J | Em | lover Tele | -L N 1 | | | |
| | | | | Em | oloyer Telej | phone Number | : | | |
| | | | | | | | | | |
| ART 5: INCOME SOURC ndividual retirement account aims and judgments from la acome, for all persons residing | wsuits, alimo | onv. child | nnencalion | dicobiliti | COTTOTION | | Commence of the commence of | | |
| | Source of In | come | | | | N | Ionthly or a | Annual I ite which | |
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| li, stocks, bonds, or similar me of Financial Institution or | investments, | for all per | sons resid | ng at the Curre Interest | nt | tal savings, credit union shares, y. Name on Account | | | Value of Investmen |
| | 1000 | | | | | | | | |
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| RT 7: LIFE INSURANCE | : List all poli | cies held | by all hous | ehold mer | nbers. | | 200 | | |
| | | of Policy | Monthi Paymen | y Pol | | | Name of Beneficiary | | Relationship t |
| | | | | | | | | | ¥ |
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| | | | | | | | | | |
| RT 8: MOTOR VEHICLE or owned by any person res | INFORMA | TION: A | ll motor ve | hicles (inc | luding mo | otorcycles, mo | otor homes | s, campe | r trailers, etc.) |
| RT 8: MOTOR VEHICLE or owned by any person res Make | INFORMA | TION: A | ll motor ve hold must Year | hicles (inc | luding mo | | otor homes | s, campe | |
| of owned by any person res | INFORMA | TION: A | hold must | hicles (inc | | | otor homes | | |

Applicant Income PART 10: PERSONAL DEBT: List all personal debt for all household members. Creditor Purpose of Debt Date of Debt Original Balance Monthly Payment Balance Owed PART 11: 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 Expenses (gas, repair, etc.) Other (type and amount) Other (type and amount)

PART 9: HOUSEHOLD OCCUPANTS: List all persons living in the household.

Age

Relationship to

Place of Employment

S Contribution to Family

First and Last Name

NOTICE: Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 12: POLICY AND GUIDELINES ACKNOWLEDGMENT:

The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.

| The applicant has reviewed the a levels of the claimant and total h | pplicable policy and guidelines adopted by the city or tow ousehold income and assets. | mship, including the specific income and asset |
|--|---|--|
| PART 13: CERTIFICATION: | | |
| I hereby certify to the best of my k the exemption from the property to | nowledge that the information provided in this form xes pursuant to Michigan Compiled Law, Section 2 | is complete, accurate and I am eligible for 11.7u. |
| Printed Name | Signature | Date |
| his application shall be filed after | r January 1, but before the day prior to the last d | lov of the level wester December December |
| eview. | | ay of the local unit's December Board of |
| | | |

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760

E-mail: taxtrib@michigan.gov

| 4988 (05-12) | | | ₩ ₩ | ŷ. |
|--|---|---|---|--|
| Poverty Exemption Affidavit This form is issued under authority of Public | : Act 206 of 1893; MCL | : 211.7u. | | 5 |
| INSTRUCTIONS: When completed Exemption filed with the supervisor MCL 211.7u provides for a whole or the property by reason of poverty and requires proof of eligibility for the exempt and state income tax returns for all preturns, or by filing an affidavit for all state income tax returns for the current state income tax returns for the current state. | or the board of revi- partial property tax ed the inability to cont imption be provided the ersons residing in the persons residing in the | ew of the local unit we exemption on the prince ribute toward the public to the board of review late the principal residence, the residence who were | where the pro cipal residenc lic charges. M by supplying , including pr | perty is located e of an owner of ICL 211.7u(2)(b) copies of federal operty tax credit |
| I, | at is the subject of | this Application for F | Poverty Exen | nption and that |
| Address of Principal Residence: _ _ | | | | |
| | | | | |

Date

Signature of Person Making Affidavit

Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

| PART 1: OWNER INFORMATION — Enter informat | ion for the person owning | and occupying | the res | dence |
|---|---|--------------------------------------|----------------|----------------------|
| Owner Name | | | lephone Number | |
| Mailing Address | | | | |
| | City | | State | ZIP Code |
| PART 2: LEGAL DESIGNEE INFORMATION (Comp | olete if applicable.) | | | |
| Legal Designee Name | | Daytime Telepho | ne Number | |
| Mailing Address | City | | State | ZIP Code |
| PART 3: HOMESTEAD PROPERTY INFORMATION | — Enter information for pro | modu in which th | | |
| ily or Township (check the appropriate box and enter name) | Enter information for pre | County | e exemp | tion is being claime |
| City Township Village | | County | | |
| lame of Local School District | | | | |
| | | : | | |
| arcel Identification Number | Year(s) Exemplion Previou | sly Granted by Board | of Review | |
| omeslead Properly Address | City | | State | ZIP Code |
| ART 4: AFFIRMATION OF OWNERSHIP, OCCUPA | NCY, AND INCOME STA | TUS (Check all | boxes t | hat apply.) |
| The property in which the exemption is being cla as any dwelling with its land and buildings where After establishing initial eligibility for the exemption I receive a fixed income solely from public assistation rate of inflation, such as federal Supplemental Section 1. | e a family makes its home. on, my income and asset ance that is not subject to see | status has rema | ained ur | changed and/or |
| ART 5: CERTIFICATION | | | | |
| hereby certify to the best of my knowledge that the in n exemption from property taxes by reason of poverty | oformation provided on this y pursuant to Michigan Co | s form is true ar ompiled Law, Se | nd I am e | eligible to receive |
| rner or Legal Designee Name (print) Signatur | re of Owner or Legal Designee | | Dat | 9 |
| signee must attach a letter of authority. | , | | | |
| LOCAL GOVERNMENT USE O | NLY (DO NOT WRITE BE | LOWITHISILIN | B) | |
| Approved Denied (Attach appeal instructions a | | | | e posted to lax roll |
| ERTIFICATION — I certify that, to the best of my kn curate. | nowledge, the information | contained in the | is form | is complete and |
| essor Signature | | Date Certified by Ass | sessor | · . |
| | | | | Ø. |