

**TOWNSHIP OF PENTWATER**  
**COUNTY OF OCEANA, MICHIGAN**

At a regular meeting of the Township Board of the Township of Pentwater, held at the Pentwater Township Hall, 327 South Hancock Street, within the Township, on the 13<sup>th</sup> day of January 2021 at 6:00 p.m.

PRESENT: Members: Johnson, Cavazos, Flynn, Douglas and Holub

ABSENT: Members: None

The following resolution was offered by Member Johnson and seconded by Member Flynn :

**RESOLUTION NO. 2021-01**

**RESOLUTION FOR POVERTY EXEMPTION**

**WHEREAS**, the adoption of guidelines for poverty exemptions is required of the Pentwater Township Board; and

**WHEREAS**, the principal residence of persons, who the Supervisor/Assessor and Board of Review determines by reason of poverty to be unable to contribute to the public charge, is eligible for exemption in whole or in part from taxation under Public Act 390 of 1994 (MCL 211.7u); and

**WHEREAS**, pursuant to PA 390 of 1994, the Township of Pentwater, Oceana County adopts the following guidelines for the Board of Review to implement. The guidelines shall include but not be limited to the specific income and asset levels of the claimant and all persons residing in the household, including any property tax credit returns, filed in the current or immediately preceding year;

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

- 1) Be an owner of and occupy as a principal residence the property for which an exemption is requested.
- 2) File a claim with the supervisor/assessor or Board of Review, accompanied by 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.
- 3) File a claim reporting that the combined assets of all persons do not exceed \$10,000. Assets include but are not limited to, real estate other than the principal residence, personal property, motor vehicles, recreational vehicles

and equipment, certificates of deposit, savings accounts, checking accounts, stocks, bonds, life insurance, retirement funds, etc.

- 4) Produce a valid driver's license or other form of identification if requested.
- 5) Produce, if requested, a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
- 6) Meet the federal poverty income guidelines as defined and determined annually by the United States Department of Health and Human Services or alternative guidelines adopted by the governing body providing the alternative guidelines do not provide eligibility requirements less than the federal guidelines.
- 7) The application for an exemption shall be filed after January 1, but one day prior to the last day of the Board of Review. The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the right of appeal to the Michigan Tax Tribunal.

The following are the federal poverty income guidelines which are updated annually by the United States Department of Health and Human Services. The annual allowable income includes income for all persons residing in the principal residence.

***Federal Poverty Guidelines for 2021 Assessments***

<b>Size of Family Unit</b>	<b>Poverty Guidelines</b>
1 person	\$12,760
2 persons	\$17,240
3 persons	\$21,720
4 persons	\$26,200
5 persons	\$30,680
6 persons	\$35,160
7 persons	\$39,640
8 persons	\$44,120
For each additional person	\$ 4,480

***NOW, THEREFORE, BE IT HEREBY RESOLVED*** that the supervisor/assessor and Board of Review shall follow the above stated policy and federal guidelines in granting or denying an exemption, unless the supervisor/assessor and Board of Review determines there are substantial and compelling reasons why there should be a deviation from the policy and federal guidelines and these reasons are communicated in writing to the claimant.

AYES: Johnson, Flynn, Holub, Douglas and Cavazos.

NAYS: None

ABSENT: None

RESOLUTION DECLARED ADOPTED.

Sue Ann Johnson  
Sue Ann Johnson, Township Clerk

STATE OF MICHIGAN    )  
                                  ) ss.  
COUNTY OF OCEANA    )

I hereby certify that the foregoing is a true and complete copy of a Resolution adopted by the Township Board of the Township of Pentwater at a regular meeting thereof held on the date first stated above, and I further certify that public notice of such meeting was given as provided by law.

Sue Ann Johnson  
Sue Ann Johnson, Township Clerk

YEAR \_\_\_\_\_

PARCEL NO. \_\_\_\_\_

# POVERTY EXEMPTION APPLICATION

## Confidential Information

### PETITIONER INFORMATION

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone Number: Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Beeper: \_\_\_\_\_

Property Address for Which Relief is Being Sought:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Marital Status</u>	<u>No. of Years</u>
<input type="checkbox"/> Married	_____
<input type="checkbox"/> Divorced	_____
<input type="checkbox"/> Widowed	_____
<input type="checkbox"/> Separated	_____
<input type="checkbox"/> Single	_____

### PETITIONER EMPLOYMENT STATUS:

### SPOUSE EMPLOYMENT STATUS

Disabled - No of years  
 Do you qualify for disability benefits?  Yes  No  
 Employed Full-time  
 Employed Part-time  
 Retired - No of Years  
 Laid off - No of Years  
 Other

Disabled - No of years  
 Do you qualify for disability benefits?  Yes  No  
 Employed Full-time  
 Employed Part-time  
 Retired - No of Years  
 Laid off - No of Years  
 Other

Occupation \_\_\_\_\_  
(if employed)

Occupation \_\_\_\_\_  
(if employed)

Employer \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Employer \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Describe any disability or health problems:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any disability or health problems:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MORTGAGE INFORMATION

A. Purchase Date \_\_\_\_\_ Amount paid \_\_\_\_\_

B. Mortgage/Land Contract Balance: \_\_\_\_\_

C. Monthly Payment: \_\_\_\_\_ Does this payment include taxes? \_\_\_ Yes \_\_\_ No

D. Number of Years Remaining on the mortgage/land contract: \_\_\_\_\_

E. Are your property taxes paid? \_\_\_ Yes \_\_\_ No

F. Did you apply for a poverty exemption last year? \_\_\_ Yes \_\_\_ No

G. Did you apply for the Michigan Homestead Property Tax Credit? \_\_\_ Yes \_\_\_ No

**\*\*Attach a copy of 1040CR and federal or state income tax return or other proof of income for each person residing in the homestead.\*\***

H. Do you have an ownership interest in any other real estate in Michigan or anywhere else?

\_\_\_ Yes \_\_\_ No

If yes, please list:

Location \_\_\_\_\_ Tax ID No. \_\_\_\_\_

Current State Equalized Value: \_\_\_\_\_ Estimated Current Value \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Attach additional sheet if necessary

I. Are you and/or your spouse the sole owners of the subject property? \_\_\_ Yes \_\_\_ No

If no, list all owners and their percentage of ownership:

\_\_\_\_\_  
\_\_\_\_\_

J. Have any improvements, changes or additions been made to the property in the last two (2) years?

\_\_\_ Yes \_\_\_ No If yes, please explain:

\_\_\_\_\_

K. Do you anticipate selling the homestead property for which relief is sought next year?

\_\_\_ Yes \_\_\_ No Explain:

\_\_\_\_\_

L. Does anyone contribute to your support?

\_\_\_ Yes Amount \_\_\_\_\_ \_\_\_ No

Explain: \_\_\_\_\_

M. Is anyone able to contribute to your support?

\_\_\_ Yes \_\_\_ No

Explain: \_\_\_\_\_

## RESIDENT STATUS

Please list all people currently living in your household other than yourself and spouse:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed as Dependent?	___Yes ___No	___Yes ___No	___Yes ___No	___Yes ___No
Heir to Estate?	___Yes ___No	___Yes ___No	___Yes ___No	___Yes ___No

**ASSET INFORMATION**

What are your current assets in addition to the real estate noted previously?

- Cash \_\_\_\_\_
- Savings Accounts/Certificates & Money Markets \_\_\_\_\_
- Checking Accounts \_\_\_\_\_
- Stocks/Bonds/Treasury Bills \_\_\_\_\_
- Insurance \_\_\_\_\_
- Other \_\_\_\_\_
- Investments \_\_\_\_\_
- IRA, Keogh, Annuities, Deferred Compensation \_\_\_\_\_
- Personal property held as an investment \_\_\_\_\_  
(i.e. gems, jewelry, coin collection, antiques, etc.)

Cars, Trucks, Boats, Trailers, etc.

	1	2	3
Make			
Model			
Year			
Value			
Balance Owed			

**LOAN DEBT**

Do you have other loans or land contracts outstanding? (attach additional sheet if necessary)

To Whom	
Address	
Monthly Payment	
Current Balance	

To Whom	
Address	
Monthly Payment	
Current Balance	

**EXPENSE INFORMATION**

Average **MONTHLY** Expenses

**MONTHLY**

Rent/House Payment (Principal & Interest only)	_____
House Insurance	_____
Property Taxes (on Principal Residence)	_____
Taxes on other property	_____
Life Insurance	_____
Health Insurance	_____
Auto Insurance	_____
Car payment(s)	_____
Special Assessment	_____
Utilities:	_____
Gas/Oil	_____
Electricity	_____
Telephone	_____
Water/Sewer	_____
Child Care	_____
Food/Clothing	_____
Other Loans	_____
Credit Cards	_____
Medical	_____
Lawn care/snow removal	_____
Cable/Dish	_____
Other(Specify)	_____

Examples: Newspaper, Gas, Trash, Water Softener

License plates, Donations

**VERIFICATION OF EXPENSES MAY BE REQUIRED**

Do you have any major or unusual expenses? \_\_\_ Yes \_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**INCOME INFORMATION**

Please list all sources of your personal income. Please indicate the amount from each source on an **ANNUAL** basis.

**ANNUALLY**

Wages, salaries, tips, sick, strike & sub pay, etc. \_\_\_\_\_

All interest and dividend income ( including non-taxable interest) \_\_\_\_\_

Net rent, business & royalty income \_\_\_\_\_

Retirement pension & annuity benefits \_\_\_\_\_

Name of Payer \_\_\_\_\_

Net farm income \_\_\_\_\_

Capital gains less capital losses \_\_\_\_\_

Alimony and other taxable income \_\_\_\_\_

Social Security, SSI or railroad retirement benefits \_\_\_\_\_

Child support, WIC \_\_\_\_\_

Unemployment compensation and TRA benefits \_\_\_\_\_

Workers' Compensation, Veterans' disability compensaton \_\_\_\_\_

ADC & GA benefits \_\_\_\_\_

All other public assistance payments \_\_\_\_\_

Describe \_\_\_\_\_

Other non-taxable income \_\_\_\_\_

Describe \_\_\_\_\_

**TOTAL INCOME**

\_\_\_\_\_

What was the total income from all sources of everyone living in your household for the past two (2) years?

Last year \_\_\_\_\_

Prior year \_\_\_\_\_

Do you anticipate any major changes in income for the coming year?  Yes  No

If yes, please explain:

PLEASE READ CAREFULLY:

I/We, am/are unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u Michigan Compiled Laws.

I/We have read this application and fully understand the contents thereof. I/We declare that the statements made herein are complete, true and correct to the best of my/our knowledge. 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 occurring on the additional tax liability in accordance with Section 211.119 Michigan Compiled Laws.

**Petitioners: Do not sign this application until witnessed by the Supervisor, Assessor, Township Secretary, Board of Review or Notary Public.**

(Must be signed by either the Supervisor, Assessor, Township Secretary, Board of Review member, or Notary Public.)

Petitioner's Signature \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Witness's Signature \_\_\_\_\_

Notary Public

\_\_\_\_\_ County

My Commission Expires: \_\_\_\_\_