### MCL 211.7u Poverty Exemption Taxpayer Fact Sheet

MCL 211.7u provides for a property tax exemption, in whole or part, for the principal residence of persons who, by reason of poverty, are unable to contribute to the public charges. For purposes of the poverty exemption, the term "principal residence" means how principal residence exemption and qualified agricultural property are defined in MCL 211.7dd. The exemption does not apply to property of a corporation. This Taxpayer Fact Sheet includes updates made to MCL 211.7u by Public Act 253 of 2020.

#### **How To Apply For The Poverty Exemption**

To request a poverty exemption, a taxpayer must file:

- 1. Form 5737 Application for MCL 211.7u Poverty Exemption
- 2. Form 5739 Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty
- 3. All required additional documentation (such as federal/state income tax returns)

Forms 5737 and 5739, along with any additional documentation, must be filed with the local assessing unit where the property is located. **Do not file these forms with the Department of Treasury or the State Tax Commission**. The forms may be submitted to the local assessing unit on or after January 1 but before the day prior to the last day of the December Board of Review during the year in which the exemption is requested.

Taxpayers should contact the local assessing unit directly to verify deadline dates for submission of the forms to ensure the application gets reviewed by a Board of Review during that calendar year.

In addition to filing Forms 5737 and 5739 and any supporting documentation, a taxpayer must do all the following to be eligible for the poverty exemption:

- 1. Own and occupy the property as a principal residence.
- 2. Provide federal and state income tax returns for the current or immediately preceding year, including any property tax credits, for all persons <u>residing in the principal residence</u> (disclosure of the income of an owner who is not residing in the principal residence is not required). 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. Instead, Form 4988, Poverty Exemption Affidavit may be filed for all persons residing in the residence who were not required to file federal or state income tax returns in the current or immediately preceding year.

### **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 c	f Petitioner	Marital Status		Age of Spouse	Numb	per of Lenal	Dependents		
3				, igo or operation	Number of Legal Dependents				
Property Address of Principal Residence				City	State	ZIP Code			
Check if applied for Homestead Property Tax Credit				Amount of 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			Monthly Payment		Length of Time at this Residence				
Prope	rty Description				1				
PAR	T 3: ADDITIONAL PRO	PERTY INF	ORMATION	A plantage	u - 81				
List information related to any other property owned by you or any member residing in the household.									
Check if you own, or are buying, other property. If che information below.				ecked, complete the	te the Amount of Income Earned from other Prop				
_	Property Address			City	111	State	ZIP Code		
1	Name of Owner(s)		Assessed Value	Date of Last Taxe	s Paid	Amount of Taxes Paid			
	Property Address			City		State	ZIP Code		
2	Name of Owner(s)		Assessed Value	Date of Last Taxes Paid		Amount of Taxes Paid			

PART 9: HOUSEHOLD O	CCUPANTS	— List all p	ersons	living	in the househ	rold.				
First and Last Name		Age		Relationship to Applicant		Pla	Place of Employment		\$ Contribution to Family Income	
						+				
			_	-						
	3L									
PART 10: PERSONAL DE	:BT — List a	II personal d			usehold mem	bers.	ř			
Creditor Purpose		of Debt		Date of Debt Origin		Palance Mon		this Daymani	Balance Owed	
Ground	1 dipose	OI DEBL	0, 0,		Original Ba	lance	11011	uny r ayment	Dalalice Owed	
		=		_						
PART 11: MONTHLY EXP	ENSE INFO	RMATION								
The amount of monthly exnecessary.	xpenses rela	ted to the p	rincipal	resid	lence for eac	h cate	gory	must be listed	d. Indicate N/A as	
Heating	Electric		Water					Phone		
Cable	Food	ood			Clothing			Health Insurance		
Garbage		I Devisers				Ic	Car Expense (gas, repair, etc.)			
	Daycare				car Experies (gas, repair, sto.)					
Other (type and amount)	Other (type and amount)			0	Other (type and amount)					
Other (type and amount)	Other (type and amount)			0	Other (type and amount)					

# Request For Approval of Percentage Reduction in Taxable Value For Poverty Exemptions Under MCL 211.7u

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

This form is to be completed by any local assessing unit requesting to utilize a percentage reduction in taxable value for exemptions granted under MCL 211.7u other than the taxable value reductions permitted by MCL 211.7u(5)(a) and (b)(i). MCL 211.7u(5)(b)(ii) provides that the board of review may grant the poverty exemption, in whole or in part, for any other percentage reduction in taxable value for the tax year in which the exemption is granted, applied in a form and manner prescribed by the State Tax Commission. The local assessing unit is required to complete this form in its entirety and submit to the State Tax Commission for review and approval prior to applying any other percentage reduction in taxable value other than what is permitted in statute.

All parts below must be completed.

PART 1: LOCAL ASSESSING UNIT INFORMATION								
City or Township (check the appropriate box and enter name)		County						
City Township								
City or Township Mailing Address	City		State	ZIP Code				
PART 2: PERCENTAGE REDUCTION(S) IN TAXABLE VALUE REQUESTED								
List all requested percentage reductions below:								
PART 3: EXPLANATION OF HOW PERCENTAGE REDU	ICTION WILL BE CAL	CULATED AN	ND APP	LIED				
Provide an explanation of how the percentage reduction(s) in taxable value will be of	calculated and applied by the lo	cal assessing unit. A	ttach additi	onal pages if necessary:				
PART 4: CERTIFICATION								
We certify to the best of our knowledge, that the information contained in this form is complete and accurate and that we are authorized to represent the city or township named in this form. We understand that a request for a percentage reduction in taxable value other than what is prescribed in statute must be submitted to and approved by the State Tax Commission prior to use of any other percentage reduction in taxable value by the local assessing unit in granting exemptions under MCL 211.7u.								
City or Township Clerk Name (print)	City or Township Clerk Signat	ure						
Assessing Officer Name (print)	Assessing Officer Signature							

Mail completed form and any attachments to: State Tax Commission, PO Box 30471, Lansing MI 48909; or e-mail to **State-Tax-Commission@michigan.gov** 

## 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 information for the person owning and occupying the residence.								
Owner Name		· · · · · · · · · · · · · · · · · · ·	Owner Telephone					
Mailing Address		City		State	ZIP Code			
PART 2: LEGAL DESIGNEE INFORMATION (Cor	mplete if	applicable.)						
Legal Designee Name	egal Designee Name				Daytime Telephone Number			
Mailing Address		City		State	ZIP Code			
PART 3: HOMESTEAD PROPERTY INFORMATION	<b>ON</b> — En	ter information for prope	erty in which the	exempti	ion is being claimed.			
City or Township (check the appropriate box and enter name)  City Township Village			County					
Name of Local School District			<del> </del>					
Parcel Identification Number		Year(s) Exemption Previously	r(s) Exemption Previously Granted by Board of Review					
Homestead Property Address		City		State	ZIP Code			
PART 4: AFFIRMATION OF OWNERSHIP, OCCU	PANCY,	AND INCOME STAT	US (Check all	boxes t	hat apply.)			
<ul> <li>☐ I own the property in which the exemption is being claimed.</li> <li>☐ The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.</li> <li>☐ After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or I receive a fixed income solely from public assistance that is not subject to significant annual increases beyond the rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits.</li> </ul>								
PART 5: CERTIFICATION								
I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive an exemption from property taxes by reason of poverty pursuant to Michigan Compiled Law, Section 211.7u.								
Owner or Legal Designee Name (print) Sig	er or Legal Designee Name (print) Signature of Owner or Legal Designee			Date				
Designee must attach a letter of authority.								
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)								
				x Year(s) exemption will be posted to tax roll				
<b>CERTIFICATION</b> — I certify that, to the best of m accurate.	y knowle	edge, the information	contained in	this forn	n is complete and			
Assessor Signature			Date Certified by A	Assessor				

#### **Poverty Exemption Affidavit**

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

Date

Signature of Person Making Affidavit