

Wilson Township Hardship Exemption Application

I, _____,

being the owner and resident of the property listed below, apply for tax relief under MCL 211.7u(1) of the General Property Tax Act. The real and personal property of persons who, in the judgment of the supervisor and board of review, by reason of poverty are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation under this act.

Property Code Number: _____

Property Address: _____

City, State, Zip: _____

Phone: _____ Marital status: _____

Age of applicant: _____ Age of spouse: _____

Number of dependents: _____ Age of dependents: _____

Have you applied for Homestead Property Tax Credit this year? _____

How much was your Property Tax Credit? _____

****Attach copy of 1040 CR and federal or state income tax return for each person residing in the homestead, if filed for the current or preceding year.****

REAL ESTATE: Is home paid for? _____ Unpaid balance _____

Name of mortgage company _____

Monthly payment _____

How long have you lived at this residence? _____

Do you own, or are you buying any other property? _____ If yes, list below:

Property Code #	Property Address	Amount and Date of Last Taxes Paid

Earned Income from above Property \$ _____

Name of employer _____

Address _____

_____ Phone number _____

INCOME: List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, workers' compensation, dividends, claims and judgments from lawsuits, alimony, child support and any other source.

Source of Income	Monthly or Annual Income

SAVINGS AND INVESTMENTS: List all savings owned by you or your spouse, including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds or similar investment.

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment

LIFE INSURANCE: List all policies held by you and your spouse.

Insured	Amount of Policy	Amount Paid Monthly	Paid Up Policy	Name of Beneficiary	Relationship to Insured

MONTHLY EXPENSES:

Utilities _____ Food _____ Phone _____

Clothing _____ Heat _____ Car expense _____

Other (specify) _____

Please list Medical Expenses for the past 12 Months:

Type of Medical Expense: (hospital, doctor, prescription, Insurance premium, medical supplies etc.)	Family member incurring medical expense	Yearly amount of medical expense

OTHER ASSETS: List all other assets and their values that are owned or controlled by you. (For example, coin collection, antiques, silver, boats)

Type of Asset	Value	Income Derived from Assets	Owner

REASON FOR EXEMPTION REQUEST:

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: A copy of your latest federal income tax return, state income tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income, per MCL, 211.7u(2b)

NOTE: Do not sign until witnessed by the Wilson Township Supervisor, Assessor, Board of Review or Notary Public.

STATE OF MICHIGAN, COUNTY OF CHARLEVOIX, TOWNSHIP OF WILSON

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

Petitioner

Subscribed and sworn this _____ day of _____, 20_____.

Signature: _____

Assessor, Supervisor, Board of Review Member or Notary Public

This application shall be filed after January 1, but before the day prior to the last day of March, July or December Wilson Township Board of Review.

Petitioner's Statement:

FOR WILSON TOWNSHIP BOARD OF REVIEW USE

Disposition by Board of Review :

Date _____

Denied: _____ Approved: _____ Assessment reduced to: _____

Chairperson _____

Second Member _____

Third Member _____

Mail to:

**Todd B Sorenson
Supervisor/ Assessor
Wilson Township
3060 Fall Park Road
Boyer City, Mi 49712**

**Federal Poverty Guidelines Used in the Determination of
Poverty Exemptions for 2017**

Size of Family Unit	Poverty Guidelines
1	\$ 12,700
2	\$ 16,240
3	\$ 20,420
4	\$ 24,600
5	\$ 28,780
6	\$ 32,960
7	\$ 37,140
8	\$ 41,320

For each additional person \$5,165

**DECISIONS MAY BE APPEALED IN WRITING TO THE MICHIGAN TAX TRIBUNAL, BY
JULY 31 OF THE CURRENT YEAR, JULY OR DECEMBER BOARD OF REVIEW
DENIALS MAY BE APPEALED TO MICHIGAN TAX TRIBUNAL WITHIN 30 DAYS OF THE
DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH
THE FILING.**

**Michigan Tax Tribunal
PO Box 30232
Lansing, MI 48909
Phone: 517-373-4400
E-mail: taxtrib@michigan.gov**