

City of St. Joseph
700 Broad St.
Saint Joseph, Michigan 49085
Ph: 269-983-1231 Fax: 269-985-0347

Poverty Exemption Application

(This application shall be filed after January 1, but before the day prior to the last day of Board of Review.)

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

Parcel ID: 11- _____

Property Address: _____

Property Description: _____

_____ (attach if necessary)

Phone _____ - _____ - _____ Marital status: _____

Age of applicant: _____ Age of spouse: _____

Number of dependents: _____ Age(s) of dependents: _____

Have you applied for Homestead Property Tax Credit for current year? Yes No

If so, 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 year.****

Real Estate: Is residence mortgaged? Yes No

If yes, name of mortgage company _____

Unpaid balance _____ Monthly payment _____
Expense (A)

Is the residence being used as collateral for other debts? Yes No

How long have you lived at this residence? _____ Years _____ Months

Do you own or are you buying any other real estate? Yes No If yes, list below:

Property Address	Name of Owner	Assessed Value	Amount and Date of Last taxes paid

Monthly income earned from above listed property: \$ _____
Income (A)

Name of Applicant's employer: _____

Address: _____

Phone number: _____ - _____ - _____

Income: List all income from salaries, Social Security, pensions, Unemployment Compensation, disability, government pensions, workers' compensation, dividends, claims and/or judgments from lawsuits, alimony, child support and any other source.

Source of Income	Monthly or Annual income

Income (B)

List all persons living in household other than applicant:

Last name	First name	Age	Relationship to applicant	Place of employment	Contribution to household income

Income (C)

Savings and Investments: List all savings owned by you or your spouse, including saving accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, trusts or similar investments.

Name of financial institution or investments	Name on account	Amount on deposit	Value of investment

Asset (A)

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

Type of Asset	Owner	Income derived from asset	Value

Asset (B)

Life Insurance: List all policies held by you and your spouse.

Name of Insured	Name of Beneficiary	Relationship to Insured	Amount of Policy	Paid up Policy	Monthly Payment
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Expense (B)

Motor Vehicles: List all vehicles owned by any person(s) living in household:

Year	Make / Model	Balance owed	Monthly payment

Expense (C)

Monthly Expenses: List all monthly expenses such as utilities, food, gas, clothing, prescriptions, phone, cable, internet, etc.

Expense	Avg. Monthly Payment

Expense (D)

Personal Debts: List all other financial obligations including, but not limited to credit cards, rent to owns, signature loans, etc.

Creditor	Purpose of debt	Date of Debt	Original Balance	Balance Owed	Monthly Payment

Expense (E)

Substantial & Compelling Reasons:

In the space below list any substantial and compelling reason you feel the Board should consider during the evaluation of this application.

General Information

How long have you been a resident of the City? _____ Years _____ Months

What year did you purchase this property? _____

Are taxes paid through current billing? Yes No

If not; Delinquent years _____ Delinquent Amount \$ _____

Are your property taxes included in your mortgage payment? Yes No

Is your homeowners insurance policy current? Yes No

Is your homeowners insurance included in your mortgage payment? Yes No

Have you made any improvements to the property during the previous two years? Yes No

REMINDER: 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 for submission to be considered complete. **ONLY FULLY COMPLETED SUBMISSIONS WILL BE REVIEWED.**

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. **DO NOT SIGN UNTIL SWORN TO AND WITNESSED BY THE BOARD OF REVIEW.**

STATE OF MICHIGAN, COUNTY OF BERRIEN, CITY OF ST. JOSEPH

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, property, or assets other than mentioned herein.

Applicant's Signature _____

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

FOR BOARD OF REVIEW USE ONLY

Parcel # 11- _____

Disposition by Board of Review

Date: _____

Denied:

Approved:

Taxable Value reduced to: _____

B.O.R. Signatures:

Chairperson: _____

Second Member: _____

Third Member: _____

Decisions may be appealed within 30 days of denial to the Michigan Tax Tribunal, P.O. Box 30232, Lansing, MI 48909.

Application

(Worksheet)

FOR BOARD OF REVIEW USE ONLY

Parcel # 11- _____

Date: _____

Income Table

A	
B	
C	
Total	

Asset Table

A	
B	
Total	

Expense Table

A	
B	
C	
D	
E	
Total	

NOTES:
