

MARSHALL TOWNSHIP POVERTY APPLICATION
13551 Myron Avery Drive, Marshall, Michigan 49068

Date _____

MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED

Primary Applicant's Name: _____ Age: _____

Address: _____

Phone Number: _____ Taxable Value of Homestead: _____

Parcel Number: _____

How long have you lived at this address: _____

If less than ten years, please identify previous address, ownership and property value:

Marital Status: _____

Employment Statuses: () Employed () Disabled-How Long
() Retired () Unemployed

Occupation: _____ Employer: _____
(If Employed)

Describe any disability or health problems of applicant:

Spouse' Name: _____ Age: _____

Employment Statuses: () Employed () Disabled
(For Spouse) () Retired () Unemployed

Occupation (Spouse): _____ Employer: _____
(For Spouse) (If Employed)

Describe any disability or health problems of applicant (Spouse):

Please List all additional owners and/or persons residing in or on this property.

Name Age Relationship Employments Status Extent of Dependence:

All owners and residents must supply copies of:
Federal and Michigan Income Tax Returns, including a filed Michigan Homestead
Property Tax Credit Form, MI-1040CR including asset information for all persons
residing in the household.

Do any of the applicants own/occupy the property for which the reduction is requested?
List any other names appearing on the title of the property. Property placed in a trust
does not qualify as owned for poverty exemptions purposes:

Own: Yes No Occupy: Yes No

Do any of the Primary applicants have an ownership interest in any real estate other than
the above property or use their residence for business purposes? Yes No

Have any improvements, additions, or changes been made to the property for which the
reduction is requested, in the last two (2) years? Yes No

No
If so, please explain:

Is there a current mortgage or land contract on the Property? Yes No

What year did the current mortgage or land contract begin? _____

If so, what is the monthly mortgage or land contract payment? \$ _____
 With Taxes Without Taxes

When will the mortgage or Land Contract be paid off? _____

Are the Taxes paid? Yes No

When was the Property purchased? _____

What was the purchase price? \$ _____

Did you seek property tax relief for any years prior to this year? Yes No

List Years: _____

Primary Applicants:

Please list all sources of personal income and indicate the amount from each source on an annual basis:

Name: _____ Age: _____

	Applicant	Spouse/Other
Employment	\$ _____	\$ _____
Pensions, Ira's, Annuities	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Workman's Compensation	\$ _____	\$ _____
Welfare Assistance – ADC	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Gifts (Cash, Other)	\$ _____	\$ _____
Other	\$ _____	\$ _____
New or Reverse Mortgages	\$ _____	\$ _____

List your current assets: (Please provide balances as of December 31, of current year)

Cash/Checking Account	\$ _____	\$ _____
Savings/Money Markets/CD's	\$ _____	\$ _____
Stocks/Bonds	\$ _____	\$ _____
Investments (Real & Personal)	\$ _____	\$ _____
Ira's Annuities	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Vehicles, Years and Model	_____	_____
Payment Amounts	\$ _____	\$ _____
Additional Vehicles, boats, RV's	\$ _____	\$ _____
Gifts/Cash/Other	\$ _____	\$ _____

Additional Owners and Occupants (Attach additional sheets as necessary)

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

For additional owner/occupants, attach additional sheets as needed:

1. List all sources of personal income; indicate the amount from each source on an annual basis.

2. List all assets. Make additional copies of page 3, as needed. Fill out a copy of page 3 for each occupant.

What was the total income from all sources for everyone owning or living in your household for the past two (2) years? *All residents must supply copies of their current year Federal and Michigan Tax returns.*

Current Year \$ _____

Last Year \$ _____

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

If so, please explain:

Please explain any unusual circumstances. (Attach additional sheets if necessary):

Please list any persons that contribute to your support?

Please list their relationship to your household and how much they contribute?

Do you anticipate selling the property for which relief is sought? () Yes () No

**AUTHORIZATION TO VERIFY APPLICATION
AND INSPECT PROPERTY**

PLEASE READ CAREFULLY:

I (we) 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 Poverty Exemption Guidelines 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, or if property is sold within the year, 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,

I (we) also authorize a representative of the Township Assessing Staff to physically inspect my (our) property at some point during the course of this year to ensure accuracy of the property appraisal record card.

APPLICANT SIGNATURE: _____ DATE: _____

SPOUSE SIGNATURE: _____ DATE: _____

OTHER OWNERS: _____ DATE: _____

_____ DATE: _____

Board of Review
Township of Marshall
Homestead Poverty Exemption Claim

WAIVER OF CONFIDENTIALITY

Parcel #: _____

Property Address: _____

I (we), _____, hereby consent of the examination of copies of my (our) tax returns and related financial documents, including but not limited to those listed below, by the Township Assessor and/or designated agent and by the members of the Township Board of Review:

- Federal Income Tax Returns
- Michigan Income Tax Returns
- Senior Citizens Homestead Property Tax Form
- General Homestead Property Tax Claim Form
- Statement form Social Security Administration

Furthermore, I (we) consent to the discussion of the information contained in my (our) tax returns and related financial documents at a duly convened public meeting of the Board of Review. By signing this Waiver of Confidentiality, I (we) understand and acknowledge that I (we) are forever giving up any and all possible claims I (we) may have relative to the disclosure of information contained in said tax returns and related financial documents, which claims may arise pursuant to Internal Revenue Code Section 6103, and/or any other federal, state or local statute or regulation.

I (we) have read this document in its entirety and sign this document of my (our) own free will.

Dated: _____

Signature

Signature