



Indianfields Township

1633 Mertz Road
Caro, Michigan 48723
989.673.3416 *989.673.8343 (fax)
Indianfieldstownship@gmail.com

HARDSHIP EXEMPTION APPLICATION

APPLICATION PROCEDURES:

1. All applicants must obtain the proper application from the Township offices. Handicapped or applicants needing special assistance may call the Township offices to make arrangements for assistance. Applications will be accepted after January 1, through the day prior to the last day of the Board of Review.
2. Applicants may not be eligible for consideration if income as reported on their income tax forms is greater than the income limitation guidelines attached. PA620 of 2002 provides that local governing bodies set income levels for their poverty exemption guidelines and that those income levels **SHALL NOT BE SET LOWER** by a city or township than the Federal poverty guidelines updated annually by the US Department of Health and Human Services.
3. All applicants must be the property owners and reside therein if requested. (homesteads)
 - a. Must produce a driver's license or other acceptable identification if requested.
 - b. Must produce a deed, land contract or other evidence of ownership if requested.
4. All applicants **must** complete the application in its entirety and return it to the Township office, except as noted in item 1 above.
5. All applicants **must** submit copies of the following listed forms for the previous tax year for **all** persons residing in the homestead:
 - a. Federal Income Tax Return
 - b. Michigan Income Tax Returns
 - c. W-2 or 1099 Forms
 - d. Senior Citizens Homestead Property Tax Form MI-1040CR-1 or General Homestead Property Tax Claim MI-1040CR-4
 - e. Statement from Social Security Administration and/or Michigan Social Services as to monies paid to applicant during the previous year.
6. Applicants need not appear in front of the board, however the Board of Review reserves the right to request further information or clarification of any item presented on the application form or tax forms as submitted. Applicants may be asked to make a physical appearance to respond to questions at the Boards discretion.

POVERTY GUIDELINES (this page will change every year)

SIZE OF FAMILY UNIT	PROVERTY GUIDELINES (ANNUAL AMOUNT)
1	\$12,060.00
2	\$16,240.00
3	\$20,420.00
4	\$24,600.00
5	\$28,780.00
6	\$32,960.00
7	\$37,140.00
8	\$41,320.00
For each additional person add	\$ 4,180.00

INDIANFIELDS TOWNSHIP ASSET TEST IS **\$7,500.00**

HARDSHIP EXEMPTION APPLICATION

I, _____, being the owner and resident of the property listed below apply under MCL211.7u 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 Description (can be attached) _____

Property Address: _____

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 a copy of the **1040CR** 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 the 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 Address	Owner	Assessed value	Amount & Date of last taxes paid	Monthly income earned from property

FINANCIALS

Name of Employer: _____

Address of Employer: _____

Phone Number of Employer: _____

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 of income. Attach additional to form.

Source of Income	Total Monthly Income	Total Annual Income

SAVINGS AND INVESTMENTS: List all savings owned by you or your spouse, including savings account, postal savings, credit union shares, certificates of deposit, cash stocks, bonds, or similar investments: Attach additional to form.

Name of financial institution or investments	Amount on Deposit/Balance	Current Interest Rate	Name on Account	Value of Investment

LIFE INSURANCE: List all policies held by you and your spouse: Attach additional to form.

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

List all MOTOR VEHICLES in household: Attach additional to form.

Make/Model	Year	Monthly Payment	Balance Owed

List ALL persons living in household: Attach additional to form.

Last Name/First Name	Age	Relationship to Claimant	Place of Employment	Contribution to Household Income

List ALL Personal Debt: Attach additional to form.

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

MONTHLY EXPENSES:

Utilities: _____ Food: _____ Phone: _____

Clothing _____ Heat _____ Vehicles _____

Miscellaneous/other: _____

TOTAL MONTHLY EXPENSES FOR HOUSEHOLD: _____

Any other assets: List all other assets and their values that are owned or controlled by you (for example boats, coin collection, antiques, silver, etc): Attach additional to form.

Type of Asset	Value	Income Derived from Assets	Owner

EXPLAIN IN THE SPACE BELOW REASON FOR EXEMPTION REQUEST:

NOTICE: Any willful misstatement or misrepresentation 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.

NOTICE: Do not sign until witnessed by an Indianfields Township Board Member, Indianfields Township Assessor, Indianfields Township Administrative Assistant or notary public

STATE OF MICHIGAN
COUNTY OF TUSCOLA

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, assets, etc. other than mentioned herein.

Petitioner Signature (must be witnessed at Indianfields Township) Date

Subscribed and sworn this _____ day of _____, 20_____

Indianfields Township or Notary Public Signature

This application shall be filed after January 1, but before the day prior to the last day of board of review.

BOARD OF REVIEW USE ONLY

Disposition by Board of Review:

Date: _____ Denied Approved Assessment reduced to _____

Supervisor

Chairperson

Second Member

Third Member

