



Year: \_\_\_\_\_  
 Parcel No.: \_\_\_\_\_  
 Petition No.: \_\_\_\_\_

**CITY OF RIVERVIEW  
 POVERTY EXEMPTION APPLICATION  
 Confidential Information**

**PETITIONER INFORMATION**

Name: \_\_\_\_\_

Phone No.: Daytime: (\_\_\_\_) \_\_\_\_\_

Property Address for which relief is being sought:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Evening: (\_\_\_\_) \_\_\_\_\_

<u>Marital Status</u>	<u>No. of Years</u>
<input type="checkbox"/> Married	_____
<input type="checkbox"/> Divorced	_____
<input type="checkbox"/> Widowed	_____
<input type="checkbox"/> Separated	_____
<input type="checkbox"/> Single	_____

**PETITIONER EMPLOYMENT STATUS**

- Disabled – No. of Years \_\_\_\_\_
- Do you qualify for disability benefits:  Yes  No
- Employed Full-time
- Employed Part-time
- Retired – No. of Years \_\_\_\_\_
- Unemployed – No. of Years \_\_\_\_\_
- Laid-off – No. of Years \_\_\_\_\_
- Are you employable?  Yes  No
- Other \_\_\_\_\_

Occupation: \_\_\_\_\_  
 (if employed)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Describe any disability or health problems:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPOUSE EMPLOYMENT STATUS**

Name: \_\_\_\_\_

- Disabled – No. of Years \_\_\_\_\_
- Do you qualify for disability benefits:  Yes  No
- Employed Full-time
- Employed Part-time
- Retired – No. of Years \_\_\_\_\_
- Unemployed – No. of Years \_\_\_\_\_
- Laid-off – No. of Years \_\_\_\_\_
- Are you employable?  Yes  No
- Other \_\_\_\_\_

Occupation: \_\_\_\_\_  
 (if employed)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Describe any disability or health problems:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MORTGAGE INFORMATION**

- A. Purchase Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_
- B. Mortgage/ Land Contract Balance: \_\_\_\_\_
- C. Monthly Payment: \_\_\_\_\_ Does this payment include taxes?  Yes  No
- D. Number of Years Remaining on the mortgage/Land Contract: \_\_\_\_\_
- E. Are your property taxes currently paid up to date?  Yes  No
- F. Did you apply for a poverty exemption last year?  Yes  No
- G. Do you have an ownership interest in any other real estate in Michigan or anywhere else?  Yes  No  
If yes, please list:  
Location: \_\_\_\_\_ Tax I.D. No. \_\_\_\_\_  
Current State Equalized Value \_\_\_\_\_ Estimated Current Value: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
Attach additional sheet if necessary.

- H. Are you and/ or your spouse the sole owners of the subject property?  Yes  No  
If no, list all owners and their percentage of ownership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I. Have any improvements, changes or additions been made to the property in the last two (2) years?  
 Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

- J. Do you anticipate selling the homestead property for which relief is sought in the next year?  
 Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

- K. Does anyone contribute to your support?  Yes - Amount \$ \_\_\_\_\_  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_

- L. Is anyone able to contribute to your support?  Yes  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_

**RESIDENT STATUS**

A. Please list all people currently living in your household other than yourself and spouse:

	1	2	3	4
<b>Name</b>				
<b>Age</b>				
<b>Relationship</b>				
<b>Occupation</b>				
<b>Annual Income</b>				
<b>Claimed as Dependent</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heir to Estate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. List living parents, children and heirs to your estate:

	1	2	3	4
<b>Name</b>				
<b>Age</b>				
<b>Relationship</b>				
<b>Occupation</b>				
<b>Annual Income</b>				
<b>Claimed as Dependent</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heir to Estate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach any additional pages if necessary.

**ASSET INFORMATION**

What are your current assets in addition to the real estate noted previously?

Cash \$ \_\_\_\_\_

Savings Accounts/Certificates & Money Markets \$ \_\_\_\_\_

Checking Accounts \$ \_\_\_\_\_

Stock/Bonds/Treasury Bills \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Investments \$ \_\_\_\_\_

IRA, Keogh Annuities, Deferred Compensation \$ \_\_\_\_\_

Personal property held as an investment \$ \_\_\_\_\_  
 (i.e., gems, jewelry, coin collection, antique cars, etc.)

Vehicles, Cars, Trucks, Boats, Trailers, etc.

	#1	#2	#3
<b>Make</b>			
<b>Model</b>			
<b>Year</b>			
<b>Value</b>			
<b>Balance Owed</b>			

**LOAN DEBT**

Do you have other loans or land contract outstanding? (ATTACH ADDITIONAL SHEETS IF NECESSARY)

<b>To Whom</b>		<b>To Whom</b>	
<b>Address</b>		<b>Address</b>	
<b>Monthly Payment</b>		<b>Monthly Payment</b>	
<b>Current Balance</b>		<b>Current Balance</b>	

**EXPENSE INFORMATION**

Average Monthly Expenses:

Rent/House Payment (principal & interest)	\$ _____
Life Insurance	\$ _____
Health Insurance	\$ _____
Home Insurance	\$ _____
Auto Insurance	\$ _____
Taxes (homestead)	\$ _____
Taxes on other property	\$ _____
Car Payment	\$ _____
Special Assessment	\$ _____
Utilities:	
Gas/Oil	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Water/Sewer	\$ _____
Child Care	\$ _____
Food/Clothing	\$ _____
Other loans	\$ _____
Medical (not covered by insurance)	\$ _____
Lawn care/snow removal	\$ _____
Cable	\$ _____
Other (specify)	\$ _____

**VERIFICATION OF EXPENSES MAY BE REQUIRED**

Do you have any major or unusual expenses? [ ] Yes [ ] No  
If yes, please explain:

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(Attach additional sheet if necessary)

**INCOME INFORMATION**

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

Wages, salaries, tips, sick, strike and sub-pay, etc.	\$ _____
All interest and dividend income (including non-taxable interest)	\$ _____
Net rent, business or royalty income	\$ _____
Retirement pension and annuity benefits Name of Payer _____	\$ _____
Capital gains less capital losses	\$ _____
Alimony and other taxable income	\$ _____
Social Security, SSI or railroad retirement benefits	\$ _____
Child support	\$ _____
Unemployment compensation and TRA benefits	\$ _____
Workers' compensation, veterans' disability compensation	\$ _____
ADC and GA benefits	\$ _____
All other public assistance payments Describe _____	\$ _____
Other non-taxable income Describe _____	\$ _____
<b>TOTAL INCOME</b>	\$ _____

What was the total income from all sources of everyone living in your household for the past two (2) years?

Last Year \_\_\_\_\_ Prior Year \_\_\_\_\_

Do you anticipate any major changes in income for the coming year? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY:**

I/We, am/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 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, 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 in accordance with Section 211.119 Michigan Compiled Laws.

Petitioner's Signature: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

**POVERTY EXEMPTION AS DEFINED BY THE Michigan Compiled Laws is as follows:**

**Section 211.7u:** (1) The homestead of persons who, in the judgment of the supervisor and board of review, by reason of poverty, are unable to contribute toward the public charge is eligible for exemption in whole or in part from taxation under this act. This section does not apply to the property of a corporation.

Please be aware that as an applicant for Poverty Exemption you must also comply with the following section of the Michigan Compiled Laws:

**Section 211.118:** Perjury: Any person who, under any of the proceedings required or permitted by this act shall willfully swear falsely, will be guilty of perjury and subject to its penalties.

**Section 211.119:** Willful Neglect: Penalty-...a person who willfully neglects or refuses to perform a duty imposed upon that person by this act, when no other provision is made in this act, is guilty of a misdemeanor, punishable by imprisonment for not more than 6 months, or a fine of not more than \$300,000, and is liable to a person injured to the full extent of the injury sustained.

\* \* \* ALL POVERTY EXEMPTIONS ARE FOR ONE (1) YEAR ONLY AND MUST BE APPLIED FOR IN PERSON AND ON AN ANNUAL BASIS. \* \* \*

## 2017 CITY OF RIVERVIEW POVERTY EXEMPTION GUIDELINES AND FORMULA

\* \* \* \* \*

Petitioner's for poverty exemptions (aka "hardships") shall submit the following documentation to the City of Riverview Board of Review:

1. A completed Poverty Exemption Application.
2. A valid Michigan Driver's License, or Michigan Identification as issued by the Secretary of State's Office.
3. Copies of current year or previous year Federal and State Income Tax papers, including all applicable State Credit forms for all members of the household. Forms must be signed and dated.
4. Any additional documentation the petitioner feels may demonstrate the need for a poverty exemption.

\* \* \* \* \*

Petitioner's for poverty exemption shall meet the following guidelines to be considered eligible:

1. No. of Persons	Income Not To Exceed
1	12,060
2	16,280
3	20,500
4	24,670
5	28,950
6	33,170
7	37,390
8	41,610

\*For families/households with more than 8 persons, add \$4,160 for each additional person.



2. Have a Homestead Affidavit on file.
3. Petitioner will not own additional real estate.

\* \* \* \* \*

Income will be calculated based on information submitted and interview with the Riverview Board of Review. In addition, the following items will add to income calculations:

1. Income will be increased by 10% of the property's State Equalized Value which exceeds \$75,000.
2. Income will be increased by 10% of savings which exceed the annual income.

\* \* \* \* \*

The Poverty Exemption will then be calculated as follows:

1. Income will be multiplied by 3.5% (.035) which is the percentage that the State of Michigan excludes from homestead property tax credit consideration.
2. Add \$1,200 to the previous amount which is the maximum amount allowed a property tax credit by the State of Michigan.
3. Divide the resultant figure by the previous year's "homestead" millage rate.
4. If the resultant figure is less than the property's current Taxable Value, the applicant is eligible for a poverty exemption reducing the current Taxable Value to the new figure. If the resultant figure is not less than the property's current Taxable Value; the applicant is not eligible for a poverty exemption.

\* \* \* \* \*

Special Circumstances:

The members of the Riverview Board of Review may deviate from the above formula if the applicant demonstrates a "special circumstance". "Special circumstance" must be supported by evidence/documentation from the petitioner.

\* \* \* \* \*

Additional information may be required based on requests of the members of the Board of Review.

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Any deviation from the normal poverty exemption formula will be recorded in the minutes of the Board of Review along with the reason(s) for said deviation.

SCHEDULED FOR ADOPTION BY THE RIVERVIEW CITY COUNCIL AT THEIR MEETING  
OF: MONDAY, FEBRUARY 6, 2017.