



CHARTER TOWNSHIP OF SPRINGFIELD INSTRUCTIONS FOR PROPERTY TAX EXEMPTION APPLICATION

All parties wishing to appeal the assessed and taxable valuations of their property on the basis of **financial need** must complete and return the Property Tax Exemption Application to this office along with all requested documents before 4:30 p.m. by one of the following dates to have your application reviewed by the July or December Board of Review. If at all possible, please submit early in July for processing.

July 20, 2015

December 14, 2015

The Property Tax Exemption is a one year exemption. A new application must be re-submitted each year. This appeal is for real property taxes **only**. Special Assessments are not considered taxes and should be listed on the expense portion of the application.

Your applications must be completely filled out and signed before submission. Failure to supply copies of Federal and State tax returns filed, bank statements, etc. will be grounds for denial of the exemption. If you need assistance in making copies, we will be glad to help you.

Please refer to the Charter Township of Springfield **2015** Property Tax Exemption Guidelines and Standards to determine eligibility.

Eligibility Requirements:

- 1) Combined income and assets should not exceed the **2015** Property Tax Exemption Guidelines and Standards as established by the Springfield Township Board.
- 2) You must own and occupy the property as a principal residence for a minimum of 3 years, as of December 31, 2014.
- 3) Applicant should not have ownership in any other real estate other than what is used as the principal residence.
- 4) Applicant's total net assets (excluding principal residence) should not exceed \$125,000.
- 5) Property Tax Exemptions are limited to a period of three years out of the last seven years unless the applicant is age 62 or older or a physical or mental disability prevents gainful employment. Proof of disability by a physician may be required.
- 6) You **MUST** submit a completed Property Tax Exemption Application, including all tax returns, income and asset verification and other information requested. Failure to submit a completed application or omission of information requested will be grounds for denial.

If your property is in risk of foreclosure, listed for sale or is in the process of being sold, please notify the Board of Review prior to the July or December meeting date.

The Supervisor, Assessor, and/or Board of Review may conduct an investigation to verify information submitted, statements made, and qualifications of the applicant.

The Supervisor must concur with any exemption granted by the Board of Review.

If you have any questions, please call the Assessing Department at (248) 846-6530.

All submitted forms will be retained by the Board of Review and will become part of the Board of Review records. They will not be filed with the general assessment records following the close of Board of Review, but will be filed separately. Under the Freedom of Information Act, all documents and information (except tax forms) submitted to the Board of Review are public record, potentially subject to public disclosure.

ATTACHMENT A

2015 PROPERTY TAX EXEMPTION GUIDELINES AND STANDARDS

The 2014 Very Low Income Limits established by the U.S. Department of Housing and Urban Development were used to establish these guidelines. For any applicant whose income is at least 20% below the following income levels, a total exemption from ad-valorem property taxes **MAY** be granted:

Family of 1	\$22,650 yearly	Family of 5	\$34,900 yearly
Family of 2	\$25,850 yearly	Family of 6	\$37,500 yearly
Family of 3	\$29,100 yearly	Family of 7	\$40,100 yearly
Family of 4	\$32,300 yearly	Family of 8	\$42,650 yearly
		Each addnl.	\$ 3,960 yearly

APPLICATION FOR PROPERTY TAX EXEMPTION

YEAR 2015

P.R.E. % _____

PARCEL NO. _____

PETITIONER INFORMATION

(Please print)

Owner's Name: _____

Co-Owner's Name: _____

Property Address: _____ (for which relief is being sought)

Phone Numbers: Daytime: () _____
 Evening: () _____
 Cell: () _____

Failure to supply the required documents listed below will be grounds for denial of the exemption.

Office Use Only		"Required Documents"
Personal	Business (if applicable)	
[]		Copy of both sides of Driver's License or State Identification Card
[]	[]	2014 Signed copies of Federal Tax Returns for Applicant and ALL household residents
[]	[]	2014 Signed copies of Michigan State Tax Returns for Applicant and ALL household residents
[]		2014 - Including Michigan Homestead Property Tax Credit Claim MI-1040 CR (if filed)
[]		2014 Social Security Retirement or Disability Benefit Statement (if benefits are received)
[]	[]	Last 3 months statements for all liquid assets, i.e. savings, checking, 401K, stocks, bonds, etc. Include applicant and ALL household residents Include businesses wholly or partial owned by all residents of household.

APPLICATION FOR PROPERTY TAX EXEMPTION

PETITIONER INFORMATION

OWNER'S NAME: _____

<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	_____

EMPLOYMENT STATUS:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Disabled - No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you qualify for disability benefits?
<input type="checkbox"/>	<input type="checkbox"/>	Employed Full-time
<input type="checkbox"/>	<input type="checkbox"/>	Employed Part-time
<input type="checkbox"/>	<input type="checkbox"/>	Retired - No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Unemployed No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Laid-Off - No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Other

Occupation: _____
(if employed)

Employer or Name of Business if self employed:

Age: _____

Annual Income (all sources): \$ _____

Describe any disability or health problems:
 (Attach additional sheet if necessary)

CO-OWNER'S NAME: _____

<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	_____

EMPLOYMENT STATUS:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Disabled - No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you qualify for disability benefits?
<input type="checkbox"/>	<input type="checkbox"/>	Employed Full-time
<input type="checkbox"/>	<input type="checkbox"/>	Employed Part-time
<input type="checkbox"/>	<input type="checkbox"/>	Retired - No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Unemployed No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Laid-Off - No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Other

Occupation: _____
(if employed)

Employer or Name of Business if self employed:

Age: _____

Annual Income (all sources): \$ _____

Describe any disability or health problems:
 (Attach additional sheet if necessary)

APPLICATION FOR PROPERTY TAX EXEMPTION

ADDITIONAL OCCUPANT'S INFORMATION

OCCUPANT'S NAME: _____

<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	_____

EMPLOYMENT STATUS:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Disabled - No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you qualify for disability benefits?
<input type="checkbox"/>	<input type="checkbox"/>	Employed Full-time
<input type="checkbox"/>	<input type="checkbox"/>	Employed Part-time
<input type="checkbox"/>	<input type="checkbox"/>	Retired - No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Unemployed No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Laid-Off - No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Other

Occupation: _____
(if employed)

Employer or Name of Business if self employed:

Age: _____

Annual Income (all sources): \$ _____

Describe any disability or health problems:
 (Attach additional sheet if necessary)

OCCUPANT'S NAME: _____

<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	_____

EMPLOYMENT STATUS:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Disabled - No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you qualify for disability benefits?
<input type="checkbox"/>	<input type="checkbox"/>	Employed Full-time
<input type="checkbox"/>	<input type="checkbox"/>	Employed Part-time
<input type="checkbox"/>	<input type="checkbox"/>	Retired - No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Unemployed No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Laid-Off - No. of years _____
<input type="checkbox"/>	<input type="checkbox"/>	Other

Occupation: _____
(if employed)

Employer or Name of Business if self employed:

Age: _____

Annual Income (all sources): \$ _____

Describe any disability or health problems:
 (Attach additional sheet if necessary)

APPLICATION FOR PROPERTY TAX EXEMPTION

PRINCIPAL RESIDENCE INFORMATION

- A. _____ Purchase Date _____ Amount Paid
- B. _____ Mortgage / Land Contract Balance
- C. _____ No. of years remaining on the mortgage/land contract
- D. _____ Monthly payment
- E. _____ Name of Mortgage Company

- | | Yes | No | |
|----|-----|-----|---|
| F. | [] | [] | Does this monthly payment include taxes? |
| G. | [] | [] | Are your property taxes paid? |
| H. | [] | [] | Did you apply for a property tax exemption last year? |
| I. | [] | [] | Have any improvements, changes or additions been made to the property in the last (2) years?
If yes, please explain: |

- J. [] [] Do you anticipate selling this principal residence for which relief is sought in the next year? If yes, explain:
- _____
- _____

- K. [] [] Is this principal residence in any stage of, or in danger of foreclosure? If yes, explain:
- _____
- _____

- L. [] [] Does anyone contribute to your support?
If yes - Amount _____
Explain: _____

- | | Yes | No | |
|----|-----|-----|--|
| M. | [] | [] | Is anyone able to contribute to your support?
If yes - Amount _____
Explain: _____ |

- N. [] [] I / We (spouse) are sole owners of this property?
If no, list all owners and the % of their ownership.
- _____
- _____

- O. [] [] Do you have ownership interest in any other real estate in Michigan or anywhere else?
If yes, please list: (use additional sheet if necessary)

OTHER REAL ESTATE OWNED

Location _____

Tax ID No. _____

Purchase Date _____

Purchase Price _____

Amount Owed _____

Current State Equalized Value _____

Estimated Current Market Value _____

Location _____

Tax ID No. _____

Purchase Date _____

Purchase Price _____

Amount Owed _____

Current State Equalized Value _____

Estimated Current Market Value _____

APPLICATION FOR PROPERTY TAX EXEMPTION

PERSONAL INCOME INFORMATION			PERSONAL EXPENSE INFORMATION	
Please list ALL sources of income for ALL residents in your household			VERIFICATION OF EXPENSES MAY BE REQUIRED	
	PRIOR YR 2014	CURRENT YTD 2015	PRIOR YR - AVERAGE EXPENSES	MONTHLY 2014
Wages, salaries, tips, sick, strike and sub-pay, etc. (Gross Income)	\$	\$	House Payment (principal & interest)	\$
All interest & dividend income (incl. non-taxable interest)	\$	\$	Life insurance	\$
Net rent, business or royalty income	\$	\$	Health insurance	\$
Retirement pension and annuity benefits (incl. 401K distributions)	\$	\$	Homeowner's insurance	\$
Name of Payer_____	\$	\$	Auto insurance	\$
Net farm income	\$	\$	Taxes (homestead)	\$
Capital gains less capital losses	\$	\$	Taxes on other property	\$
Alimony or regular support from someone else	\$	\$	Special Assessment	\$
Social Security, SSI or railroad retirement benefits	\$	\$	Car payment	\$
Child support	\$	\$	Utilities:	
Unemployment compensation, TRA benefits	\$	\$	Gas / Oil (Heat)	\$
Workers' compensation, disability compensation	\$	\$	Electricity	\$
Aide for Dependant Children, General Assistance benefits	\$	\$	Telephone	\$
College or University scholarships, grants, fellowship assistance	\$	\$	Water / Sewer	\$
All other public assistance payments	\$	\$	Child care	\$
Describe_____			Food / Clothing	\$
Other non-taxable income	\$	\$	Medical (not covered by insurance)	\$
Describe_____			Lawn care / snow removal	\$
TOTAL ANNUAL INCOME	\$	\$	Cable	\$
OTHER ASSISTANCE:			Other loans	\$
Bridge Card	\$	\$	Other (specify)	\$
Medicaid	\$	\$	TOTAL MONTHLY EXPENSE	\$
OTHER	\$	\$	X 12	
Do you anticipate any major changes in income this year	[] Yes [] No		TOTAL ANNUAL EXPENSE	\$
If yes, please explain: (Attach additional sheet if necessary)				

APPLICATION FOR PROPERTY TAX EXEMPTION

ALL PERSONAL ASSET INFORMATION
*****Please list ALL assets for ALL residents in your household*****

PERSONAL

Cash \$ _____
 Savings Accounts/Certificates &/or Money Markets \$ _____
 Checking Accounts \$ _____
 Stocks / Bonds / Treasury Bills \$ _____
 401-K / Other \$ _____
 Investments \$ _____
 IRA, Keogh Annuities, Deferred Compensation \$ _____

TOTAL LIQUID ASSETS \$ _____

Personal Vehicles: Cars, Trucks, Boats, Recreational vehicles, Trailers, etc.

	1	2	3	4	5	6	7
Make							
Model							
Year							
Value							
Balance Owed							
NET ASSET VALUE							

Personal property held as investment (i.e., gems, jewelry, coin collection, antiques, antique cars, artwork, etc.)

TYPE OF PROPERTY	VALUE	TYPE OF PROPERTY	VALUE

TOTAL PERSONAL PROPERTY VALUE: \$ _____
TOTAL NET ASSETS (excluding principal residence): \$ _____

ALL BUSINESS ASSET INFORMATION

Please list ALL business assets for ALL residents in your household

If this page does not apply, write N/A and continue to page 8.

BUSINESS - 1

BUSINESS - 2

Cash	\$ _____	\$ _____
Savings Accounts/Certificates &/or Money Markets	\$ _____	\$ _____
Checking Accounts	\$ _____	\$ _____
Stocks / Bonds / Treasury Bills	\$ _____	\$ _____
Other	\$ _____	\$ _____
Investments	\$ _____	\$ _____
IRA, Keogh Annuities, Deferred Compensation	\$ _____	\$ _____
TOTAL LIQUID ASSETS	\$ _____	\$ _____

Business Vehicles: Cars, Trucks, Heavy Equipment, Trailers, Boats, Recreational vehicles, etc.

	1	2	3	4	5	6	7
Make							
Model							
Year							
Value							
Balance Owed							
NET ASSET VALUE							

Personal property held as investment (i.e., gems, jewelry, coin collection, antiques, antique cars, artwork, etc.)

TOTAL PERSONAL PROPERTY VALUE: \$ _____
TOTAL NET BUSINESS ASSETS: \$ _____

Please list below any ownership interest (of the business) in any other real estate in Michigan or anywhere else? Use additional sheet if necessary)

Location	_____	Location	_____
Tax ID No.	_____	Tax ID No.	_____
Purchase Date	_____	Purchase Date	_____
Purchase Price	_____	Purchase Price	_____
Amount Owed	_____	Amount Owed	_____
Current State Equalized Value	_____	Current State Equalized Value	_____
TOTAL NET ASSETS OF BUSINESS	\$ _____	TOTAL NET ASSETS OF BUSINESS	\$ _____

***This sheet is for business ASSETS only. EXPENSE amounts for the business and above referenced items are reflected on the Federal and State Income Tax forms and DO NOT need to be listed here.

APPLICATION FOR PROPERTY TAX EXEMPTION

RESIDENT STATUS

Please list all people currently living in your household **OTHER THAN** owner and co-owner:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed as Dependent?	<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
Heir to estate?	<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

	5	6	7	8
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed as Dependent?	<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
Heir to estate?	<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 READ CAREFULLY:

I am / 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 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 understand that if any information contained is found to be false or incomplete, that is grounds for denial of the request and / or any and all relief granted by this application may be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability. I / We understand that income tax information submitted may be verified with the Michigan Department of Treasury. I / We further understand that under the Freedom of Information Act, all information (except tax forms) submitted to the Board of Review is public record potentially subject to disclosure to the public.

Owner's Signature: _____

Date: _____

Co-owner's Signature: _____

Date: _____

APPLICATION FOR PROPERTY TAX EXEMPTION

If the Board of Review determines that you **DO NOT** qualify for an exemption according to the Property Tax Guidelines and Standards adopted by the Springfield Township Board, the Board of Review may be able to grant the exemption based on special or extraordinary circumstances.

Explain any **other reasons or extraordinary circumstances** you want the Board of Review to consider while making their decision:

LETTER TO THE BOARD OF REVIEW

Owner's signature

Date

Co-Owner's signature

Date