OFFICE USE ONLY (Date Stamp)

**Springfield Township** 

# 2025 Poverty/Hardship Exemption

# NAME: PARCEL NUMBER:



# Required State Application form enclosed

#### INSTRUCTIONS FOR POVERTY 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 Poverty 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 possible, please submit early in July for processing.

Deadline dates are the Friday before the Board of Review:

**July 18, 2025** 

**December 5, 2025** 

The Poverty Tax Exemption is a one year exemption. A new application must be resubmitted each year. This appeal is for real property taxes **only**. **Special Assessments are** <u>NOT</u> **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 applicant and/or other members of the household are not required to file Federal and State income tax forms based on low income, Form 4988 Poverty Exemption Affidavit must be completed and submitted with the application. If you need assistance in making copies, the staff will be glad to help you.

Please refer to the Charter Township of Springfield **2025** Poverty Tax Exemption Guidelines and Standards to determine eligibility.

## **Eligibility Requirements**

- 1. Combined income and assets should not exceed the **2025** Poverty Tax Exemption Guidelines and Standards as established by the Springfield Township Board.
- 2. You must own and occupy the property as a principal residence.
- 3. Applicant's total net assets (excluding principal residence) should not exceed \$125,000.
- 4. You MUST submit a completed Poverty 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. If you have any questions, please call the Assessing Department at (248) 846-6532.

All submitted forms will be retained by the Board of Review and become part of the Board of Review records. 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.

### 2025 POVERTY TAX EXEMPTION GUIDELINES

The 2024 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 and assets are below the following guidelines, a full or partial exemption from advalorem property taxes **MAY** be granted:

# OAKLAND COUNTY 2024 HUD INCOME LIMITS

# ESTABLISHED BY THE U.S. DEPARTMENT OF HOUSING

#### AND URBAN DEVELOPMENT

(Effective: 4/1/2024)

TO BE USED FOR 2025 POVERTY APPLICATIONS

PERSONS PER HOUSEHOLD	VERY LOW INCOME (50%)
1	33,600
2	38,400
3	43,200
4	47,950
5	51,800
6	55,650
7	59,500
8	63,300
Each Additional Person	3,800

The applicant shall file an application for Poverty Exemption reporting the combined assets of <u>all persons residing in the principal residence</u>. The applicant's total net assets (excluding the principal residence) shall not exceed \$125,000. Assets include, but are not limited to: real estate other than the principal residence, personal property, motor vehicles, recreational vehicles and equipment, certificates of deposit, savings accounts, checking accounts, stocks, bonds, retirement funds, etc. Assets reported do not include the value of the principal residence.

## **REQUIRED DOCUMENTS**

Hardship Exemption applicants shall submit copies of the documents listed below to be considered for eligibility. Please attach these copies to your application.

- o Application for MCL 211.7u Poverty Exemption (Form 5737 Attached)
- Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty (Form 5739 Attached)
- Most Current Year Federal Income Tax Returns for all persons residing in the principal residence
- Most Current Year State of Michigan Income Tax Return for all persons residing in the principal residence
- Most Current Year MI-1040CR, Homestead Property Tax Credit Form for all persons residing in the principal residence
- Social Security Administration and/or Michigan Social Services statement of monies paid to applicant(s), accompanied by Poverty Exemption Affidavit (Form 4988 Attached-if applicable)
- o Previous month bank statement for all open accounts for all persons residing in the principal residence
- o Driver's License or other form of legal identification
- o Proof of ownership: Deed, Land Contract, etc. (if requested)

### **Application for MCL 211.7u Poverty Exemption**

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

To be considered complete, this application must: 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.

PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information.									
Petitioner's Name					Daytime Phone Number				
Age of Petitioner Marital Status				Age of Spouse	Nur	mber of Legal	Dependents		
Proper	ty Address of Principal Residence			City	State	ZIP Code			
	Check if applied for Hor	mestead Pr	operty Tax Credit	Amount of Homestead Property Tax Credit					
PAR	T 2: REAL ESTATE INF	ORMATIO	N						
	the real estate information ence of ownership of the				o provide a	deed, lan	d contract or other		
Proper	rty Parcel Code Number			Name of Mortgage Company					
Unpaid	d Balance Owed on Principal Resid	dence	Monthly Payment		Length of Time	at this Reside	ence		
PAR	T 3: ADDITIONAL PRO	PERTY IN	FORMATION						
List	information related to ar	ny other pro	perty owned by yo	u or any member resi	ding in the h	ousehold.			
	Check if you own, or ar information below.	e buying, o	ther property. If che	ecked, complete the	Amount of Inco	ome Earned fr	om other Property		
4	Property Address		City		State	ZIP Code			
1	Name of Owner(s)		Assessed Value	Date of Last Taxes Paid Amoun		Amount of Taxes Paid			
Property Address				City		ZIP Code			
2	Name of Owner(s)		Assessed Value	Date of Last Taxes Paid Amount		Amount of Taxes Paid			

PART 4: EMPLOYMENT INFORMATION — List your current employment information.									
Name of Employer									
Address of Employer City State ZIP Code							ZIP Code		
Tradition of Employer			,						
Contact Person	Contact Person Employer Telephone Number				mber				
DART 5: INCOME SOLIDO	ES								
PART 5: INCOME SOURCES									
List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income, for all persons residing at the property.									
	Sauraa	of Image					nual Income		
	Source	of Income				(indicate	which)		
PART 6: CHECKING, SAV	INGS AND	INVESTMENT IN	IFORMATIC	DN					
List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for all persons residing at the property.									
Name of Financial Ins		Amount	Current				Value of		
or Investments		on Deposit	Interest Ra	te l	Name on Accour	n Account Investment			
			L						
PART 7: LIFE INSURANCE	E — List all	policies held by a	all househol	d membei	rs.				
Name	Amount	,	Policy		Name of Day of	Relationship to			
Name of Insured	Policy	Payments	F I	111	Name of Benefi	iciary	Insured		
PART 8: MOTOR VEHICL	E INFORMA	\TION							
					4 > 1 - 1 1				
All motor vehicles (include within the household must	t be listed.	cles, motor home	es, camper	trailers, e	etc.) held or owne	ed by a	ny person residing		
Make		Year	•	Mont	thly Payment	В	alance Owed		
				-					

PART 9: HOUSEHOLD OCC	CUPANTS -	<ul> <li>List all pe</li> </ul>	ersons liv	/ing i	n the househo	old.			
First and Last Name		Age		Relationship to Applicant Pla		Place	ace of Employment		\$ Contribution to Family Income
									v
PART 10: PERSONAL DEE	T — List all	personal d	lebt for a	II hou	usehold meml	bers.			
Creditor	Purpose o	of Dobt	Dat of De		Original Bal	lanco	Mont	hly Payment	Balance Owed
Oreutor	ruipose (	or Debt	OI DE	, DL	Original Bai	iance	WIOIIL	iny Fayinent	Dalance Oweu
								_	
PART 11: MONTHLY EXPE	NSE INFOR	RMATION	nn						SHE
The amount of monthly explanecessary.	oenses relat	ted to the p	orincipal	resid	lence for eac	h cate	gory ı	must be liste	d. Indicate N/A as
Heating Electric			Water				Phone		
Cable Food				Clothi	ing		Health Insurance		
Garbage		Daycare				Ca	Car Expense (gas, repair, etc.)		.)
Other (type and amount)		Other (type ar	nd amount)			Ot	Other (type and amount)		
Other (type and amount)		Other (type ar	ype and amount)			Otl	Other (type and amount)		

**NOTICE:** Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 11: POLICY AND GUIDELINES ACKNOWLEDGMENT						
The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.						
The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.						
PART 12: CERTIFICATION						
I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.						
Printed Name	Signature	Date				

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760

E-mail: taxtrib@michigan.gov

### **Poverty Exemption Affidavit**

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

INSTRUCTIONS: When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

reside in the principal residence that is	, swear and affirm by my signature below that I the subject of this Application for Poverty Exemption and that ng tax year, I was not required to file a federal or state income
Address of Principal Residence:	
Signature of Person Ma	aking Affidavit Date

### **Poverty Exemption Affidavit**

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INSTRUCTIONS: When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

l,	, swear and affirm by	my signature below that I
reside in the principal residence	that is the subject of this Application for receding tax year, I was not required to f	Poverty Exemption and that
Address of Principal Residence:		
Signature of Pe	rson Making Affidavit	Date

# Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION — Enter information for the person owning and occupying the residence.							
Owner Name	Owner Telephone	Owner Telephone Number					
Mailing Address	City		State	ZIP Code			
Mailing Address	City		State	ZIF Gode			
PART 2: LEGAL DESIGNEE INFORMATION (Complete if applicable.)							
Legal Designee Name		Daytime Telepho	ne Number	_			
	l ou		Loui	Land			
Mailing Address	City		State	ZIP Code			
PART 3: HOMESTEAD PROPERTY INFORMATION	N — Enter information for r	property in which th	e exempl	tion is being claimed			
City or Township (check the appropriate box and enter name)	Zittor imorniation for p	County	Осконир	ation to boning claimou.			
City Township Village							
Name of Local School District							
Parcel Identification Number	Year(s) Exemption Prev	iously Granted by Board	of Review				
1	014.		104-4-	710.0-4-			
Homestead Property Address	City		State	ZIP Code			
PART 4: AFFIRMATION OF OWNERSHIP, OCCU	PANCY, AND INCOME S	TATUS (Check a	ll boxes	that apply.)			
I own the property in which the exemption is k	peing claimed.						
				U 1 C 1			
The property in which the exemption is being	•		stead is	generally defined			
as any dwelling with its land and buildings wh	iere a family makes its noi	ne.					
After establishing initial eligibility for the exem	nption, my income and ass	set status has rer	nained ເ	inchanged and/or			
I receive a fixed income solely from public ass	sistance that is not subject	to significant ann	nual incre	eases beyond the			
rate of inflation, such as federal Supplementa	al Security Income or Soci	al Security disabi	lity or re	tirement benefits.			
DADT C. OFFICIOATION							
PART 5: CERTIFICATION							
I hereby certify to the best of my knowledge that the							
an exemption from property taxes by reason of po	• •		Section	211.7u.			
Owner or Legal Designee Name (print)	gnature of Owner or Legal Designee			Date			
Designee must attach a letter of authority.							
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)  Tax Year(s) exemption will be posted to tax roll							
Approved Denied (Attach appeal instructions and provide to owner.)							
CERTIFICATION — I certify that, to the best of my knowledge, the information contained in this form is complete and							
accurate.							
Assessor Signature	Date Certified by	Date Certified by Assessor					