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The following enclosure states the guidelines and instructions for Poverty Exemptions as set forth by Genoa Charter Township. An application for "One Year Poverty Exemption" for your completion and execution is provided.

PLEASE READ ALL INSTRUCTIONS CAREFULLY

Even if you were granted an exemption for poverty in previous years you are still required to **answer all questions in their entirety and submit copies of all requested documentation along with your application.** You may use additional sheets for explanation when it is necessary. A submission that is incomplete or does not meet the standards required by Genoa Charter Township's Assessor may affect the determination by the Board of Review.

Please return your application and the required documentation to the Assessor's Office by the specified date. A personal appearance before the Board is **NOT** necessary to have your application considered. However, on short notice the Board of Review may request an applicant to appear.

Any resident needing assistance in preparing and filling out the Poverty application or has questions on the required documentation please contact the Assessor's Office.

Sincerely,
Genoa Charter Township Assessor

SUPERVISOR

Bill Rogers

CLERK

Paulette A. Skolarus

TREASURER

Robin L. Hunt

TRUSTEES

Jean W. Ledford

H. James Mortensen

Terry Croft

Diana Lowe

MANAGER

Michael C. Archinal

INSTRUCTIONS FOR POVERTY EXEMPTION

The application for One Year Poverty Exemption is in keeping with the requirements of the State Law. Please read these instructions carefully. To be considered for a Poverty Exemption, please include the following information:

1. Complete all sections of the application and sign the application
2. Submit completed and signed copy of the following for **each owner**:
 - a. Current or prior year Michigan Homestead Property Tax Credit Claim (MI 1040 CR)
 - b. Current or prior year Federal Income Tax Return (1040), if you are required to file federal income tax, include all schedules and attachments.
 - c. Current or prior year Federal Income Tax Return (1040) for all other occupants residing in your home.
3. If applicant or any other person residing in the residence was not required to file a federal or state income tax return for the current or preceding tax year, a Michigan Department of Treasury Poverty Exemption Affidavit must accompany the Application for Poverty Exemption for all persons residing in the residence. Copies of the Poverty Affidavit are available on the Michigan Department of Treasury website.
4. If a family member or other persons live in your home, regardless of their employment status, has income from another source you must show the income as "Household Income of Dependent's and All Other Persons Living in the Residence". It must also be included in the Total Household Income for the Prior Year.
5. If you completed the section "Severe and Unavoidable Expenses" you must provide documentation verifying these expenses. This **DOES NOT** include everyday living expenses, the purchase of automobiles, credit card debt, medical expenses paid by insurance, etc.
6. The application must be legible. Please do not write in the margins of the page if you need additional space, attach a separate sheet.
7. If the application is incomplete or you do not include copies of the required financial documents, the lack of information may affect the determination of your claim for a poverty exemption by the Board of Review.

RETURN THE ORIGINAL APPLICATION AND THE REQUIRED DOCUMENTATION AFTER JANUARY 1ST OF EACH YEAR AND NO LATER THEN ONE DAY PRECEEDING THE CONVENING OF THE BOARD OF REVIEW.

**GENOA CHARTER TOWNSHIP
COUNTY OF LIVINGSTON, MICHIGAN**

**ESTABLISHING GUIDELINES FOR GRANTING OF POVERTY EXEMPTIONS
FROM PROPERTY TAXES PURSUANT TO MCL 211.7u AND
ESTABLISHING BEGINNING DATE FOR THE BOARD OF REVIEW**

At a regular meeting of the Board of Trustees of Genoa Charter Township, County of Livingston, State of Michigan, held on February 3, 2020 the following was moved, supported and adopted.

RECITALS:

WHEREAS, P.A. 390 of 1994, which amended Section 7u of Act 206 of the Public Acts of 1893, as amended by Act 313 of the Public Acts of 1993, being section 211.7u of the Michigan Compiled Laws, requires the governing body of the assessing unit to determine and make available to the public the policy and guidelines for granting of poverty exemptions under MCL 211.70;

NOW, THEREFORE BE IT RESOLVED that to be eligible for a poverty exemption pursuant to MCL 211.7u in the Township of Genoa, a person must be the owner and must occupy the property as a homestead, as defined, for which the exemption is requested; file a completed and notarized application; file copies of federal and state income tax returns for **ALL** persons residing in the homestead, including property tax credit forms and/or Statement of Benefits Paid from Michigan Department of Social Services or Social Security Administration; meet local (Genoa Charter Township) poverty income standards;

BE IT FURTHER RESOLVED that the applicant must have an annual household income less than the amounts shown in Attachment A;

BE IT FURTHER RESOLVED that the applicant must have an annual taxable and/or non-taxable dividend income less than \$500;

BE IT FURTHER RESOLVED that the applicant's asset level, excluding the homestead, may not exceed \$10,000;

BE IT FURTHER RESOLVED that the applicant may not have ownership interest in any real estate other than the homestead;

BE IT FURTHER RESOLVED that a poverty exemption may be granted for only one year at a time;

BE IT FURTHER RESOLVED that the applicant may not be entitled to a poverty exemption if the reason is self-imposed, even if the applicant meets the income requirements.

BE IT FURTHER RESOLVED that for the 2020 tax year the Genoa Charter Township Board of Review will begin its proceedings on Tuesday, March 3, 2020;

BE IT FURTHER RESOLVED that the board of review shall request identification of the applicant and/or proof of ownership of the homestead under consideration for poverty exemption;

BE IT FURTHER RESOLVED that the board of review may request from the applicant any supporting documents which may be utilized in determining a poverty exemption request;

BE IT FURTHER RESOLVED that the completed poverty exemption application must be filed after January 1, but before the day prior to the last day of the board of review in the year for which exemption is sought;

BE IT FURTHER RESOLVED that the board of review shall administer an oath wherein the applicant testifies as to the accuracy of the information provided;

BE IT FURTHER RESOLVED that the board of review may deviate from the established policy and guidelines only for substantial and compelling reasons. The applicant will be notified, in writing, the reasons for deviating from the policy and guidelines for poverty exemption;

BE IT FURTHER RESOLVED that to conform with the provisions of P.A. 390 of 1994, this resolution is hereby given immediate effect.

ATTACHMENT A

POVERTY LEVEL GUIDELINES FOR 2020 TAX YEAR

FAMILY UNIT	HOUSEHOLD INCOME
Family of 1:	\$12,490
Family of 2:	\$16,910
Family of 3:	\$21,330
Family of 4:	\$25,750
Family of 5:	\$30,170
Family of 6:	\$34,590
Family of 7:	\$39,010
Family of 8:	\$43,430
For each additional person add:	\$4,420

COMPLETE ENTIRE APPLICATION AND RETURN IT ALONG WITH THE MOST RECENT COPIES OF THE FOLLOWING:

- (1) FEDERAL TAX RETURN
- (2) STATE OF MICHIGAN INCOME TAX RETURN
- (3) MICHIGAN HOMESTEAD PROPERTY TAX CREDIT CLAIM (1040-CR)
- (4) ALL INCOME STATEMENTS ASSOCIATED WITH ABOVE RETURNS (1099'S, W-2'S)
- (5) 2 MONTHS OF ALL BANK ACCOUNT STATEMENTS
- (6) 2 MONTHS OF ALL CREDIT CARD STATEMENTS
- (7) ALL MEDICAL BILLS (IF APPLICABLE)

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT ALL OF THIS INFORMATION

PERSONAL DATA

Name: _____ Are you 65 or Older? YES NO
 Address: _____ Phone #: _____
 Marital Status: Single Married Divorced Widow
 Social Security Last 4 XXX-XX- _____ Are you Disabled? YES* NO
 Is your Spouse Disabled? YES* NO

*If YES do you or your spouse qualify for either disability exemption?

	Applicant	% Disabled	Income	Spouse	% Disabled	Income
Veterans Disability						
SSI Disability						

Nature of Disability: _____

Are you currently Incarcerated? NO YES

If Yes, what is your anticipated release date? _____

EMPLOYMENT STATUS

Are you, your spouse, or other members of the household employed?

Self: NO YES ----> Employer Name & Address: _____
 Spouse: NO YES ----> Employer Name & Address: _____
 Other members in household: NO YES ----> Total Persons Within Household _____

List ALL occupants of the home and their relationship, age, annual income, occupation, employer, and if they are a student

NAME	RELATIONSHIP	INCOME	OCCUPATION	EMPLOYER	AGE	STUDENT

INCOME

TOTAL ESTIMATED HOUSEHOLD INCOME DECLARATION

SOURCE	MONTHLY AMOUNT	ANNUAL AMOUNT
Wages / Salaries / Tips		
Social Security / SSI		
Pension or Retirement		
Interest and/or Dividends		
Rental Income		
Business or Royalty Income		
Disability Payments		
General Assistance / ADC		
Alimony		
Child Support		
Unemployment Benefits		
Other Income from Family		
Income from Land Contracts, etc.		
Dependents Income		
Food Assistance		
Assistance with Gas or Electric Bill (OLSHA or Salvation Army Etc.)		
Military Family Allotments		
Gifts (Regular or Periodic)		
Any Other Additional Income Source		

TOTAL PROJECTED HOUSEHOLD INCOME FOR CURRENT YEAR _____

PROPERTY INFORMATION

Year property was purchased: _____ Purchase Price: _____
 Do you own the property free and clear? _____ YES NO -----> What is your monthly payment? _____
 Are the taxes included in your payment? _____ YES NO
 Are the taxes current? _____ YES NO -----> Amount past due: _____
 Do you own other real estate? _____ NO YES -----> Please list below the location, value and type

LOCATION OF OTHER REAL ESTATE	VALUE	TYPE

Is there any other information you feel the Board of Review should consider?

I/WE DECLARE THAT I/WE ARE UNABLE TO PAY THE FULL PROPERTY TAX LEVY ON THE ABOVE DESCRIBED PARCEL AND HEREBY MAKE APPLICATION FOR PROPERTY TAX RELIEF DUE TO HARDSHIP IN ACCORDANCE WITH SECTION 211.7u OF MCL. I/WE DECLARE THAT THE STATEMENTS MADE HEREIN ARE COMPLETE, TRUE AND CORRECT. 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, AND IS ALSO PUNISHABLE BY PENALTY OF PERJURY

Applicant _____ Date _____

Applicant _____ Date _____

Witness / Notary _____