

**INSTRUCTIONS FOR HARDSHIP EXEMPTION
YORK CHARTER TOWNSHIP
2021 POVERTY EXEMPTION POLICY AND
GUIDELINES**

The 2021 Application for One Year Hardship Reduction reflects the Washtenaw County 2021 Township Poverty Exemption Guidelines.

To be considered for a hardship reduction, the following information must be provided:

1. COMPLETE ALL SECTIONS OF THIS APPLICATION IN FULL; BE SURE TO SIGN THE APPLICATION.
2. Submit a completed and sign copy of the following:
 - a. 2020 Michigan Homestead Property Tax Credit Claim (MI 1040CR)
 - b. 2020 Federal Income Tax Return (1040), if you are required to file federal income tax.
 - c. 2020 Federal Income Tax Return (1040) for all other occupants of your home.
3. If an occupant of your home is not employed but has income from another source, you must show the income in "Annual Income" on page one (1) of your application. It must also be on page three (3) under the "2020 Estimated Household Income" section and included in Total Projected Household Income for 2020.
4. If you completed the section on page one of the application indicating you have major or unusual out-of-pocket expenses, you must provide copies of documents verifying these expenses. This does not include everyday living expenses.
5. The application must be legible. If you need or want to provide additional information, please attach a separate sheet; do not write in the margins of the application.
6. Do not submit originals of supporting documentation we must keep these for our records and cannot return them.
7. If the application is incomplete or you do not include copies of the required financial documents, your application may be considered ineligible for hardship reduction.

Hardship Applications Requirements.

Below is a listing of items required for Hardship Application:

1. Hardship Application (attached.)

2. Homestead Exemption (Income producing properties do not qualify.)
3. Proof that Property Taxes are paid current or a homestead tax deferral.
4. Statements from all lien holders that the property is not subject to any pending or threatened foreclosure action and no mortgage or other encumbrance creating a lien against the property is in default.
5. Copy of Tax returns and W2's for the last two years, unless the applicant/occupant has been in the program the year prior. Then just one year will be required, OR IF APPLICABLE,
 - a. Copy of Social security Statements (Form 1099) and/or Social Security Benefits Statement for the current year, OR, if applicable,
 - b. Unemployment compensation (form 1099).
6. Unemployment Benefit Statement.
7. Long Term Disability Statement.
8. Completed Financial Worksheet (attached).
9. Name(s), mailing addresses and type of interest (i.e. fee simple, life estate) of all persons who have an ownership interest in the subject property.
10. Most recent copy of all last bank statements (savings, checking, IRA accounts, etc.)
11. Notice of Interest Liability (attached).
12. Two most current pay stubs.
13. Child support order.
14. Denial of Food Stamps and Medicaid.
15. Copies of Medical Bills.

Size of Family/ Household	<u>2021 Federal Guidelines</u> Maximum Income	<u>2021 Township of York Guidelines</u> Maximum of Income
1	\$12,760.00	\$19,140.00
2	\$17,240.00	\$20,688.00
3	\$21,720.00	\$24,978.00
4	\$26,200.00	\$28,820.00
5	\$30,680.00	\$33,748.00
6	\$35,160.00	\$38,676.00
7	\$39,640.00	\$43,604.00
8	\$44,120.00	\$48,532.00
For each additional Person over 8 add:	\$ 4,480.00	

Year: 2021

Account # _____

Appeal No. _____

APPLICATION FOR ONE YEAR HARDSHIP REDUCTION CONFIDENTIAL INFORMATION
YORK CHARTER TOWNSHIP

APPLICANT'S NAME _____ AGE _____

NAME OF SPOUSE (if applicable) _____ AGE _____

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT _____

DO YOU CLAIM THIS PROPERTY AS YOUR HOMESTEAD (Primary Residence)? YES NO

TELEPHONE NUMBER _____

EMPLOYMENT STATE AND NAME OF EMPLOYER:

EMPLOYED		EMPLOYER	ARE YOU DISABLED?	
SELF	<input type="checkbox"/> YES	<input type="checkbox"/> FULL TIME	SELF	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> PART TIME		<input type="checkbox"/> NO
SPOUSE	<input type="checkbox"/> YES	<input type="checkbox"/> FULL TIME	SPOUSE	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> PART TIME		<input type="checkbox"/> NO

NATURE OF DISABILITY _____

Please provide documentation of disability.

Do you have any **MAJOR OR UNUSUAL OUT-OF-POCKET EXPENSES**? If yes, please list them below and provide verification.

TYPE OF EXPENSE	AMOUNT PER YEAR
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LIST ALL PERSONS LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE:

	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

Attach additional sheet, needed.

PROPERTY INFORMATION

Do you own this property free and clear? YES NO

Amount of monthly mortgage payment _____

Are the taxes included in payment? YES NO

Are you a tenant of this property? YES NO

Amount of monthly rent payment? _____

Are property taxes current? YES NO

If not, amount past due _____

ASSET INFORMATION

Do you have an ownership interest in any other real estate (including ownership via partnerships, corporation, etc.)

in Michigan or anywhere else? YES NO If yes, please list (attach additional sheet if needed.)

<u>Location.</u>	<u>Type of Use</u>	<u>Purchase Date</u>	<u>Purchase Price</u>
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What are your assets in addition to real estate?

Cash \$ _____

Savings Accounts/Certificates & Money Markets \$ _____

Checking Accounts \$ _____

Stocks/Bonds/Treasury Bill's \$ _____

Insurance - Cash Value \$ _____

Other \$ _____

Investments:
Keogh, Annuities, Deferred Compensation \$ _____

Personal Property held as an investment
(i.e., gems, jewelry, coin collections, antique cars, etc.) \$ _____

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

Make	#1	#2	#3	#4
Model				
Year				
Value				
Balance Owed				

INCOME INFORMATION

2021 ESTIMATED HOUSEHOLD INCOME

SOURCE	AMOUNT PER YEAR
Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc.	\$
Social Security/SSI	\$
Retirement Pension or Annuity Benefits (Includes Military Retirement Pay)	\$
Interest and/or Dividends (includes non-taxable interest)	\$
Rental Business or Royalty Income	\$
Disability Payments (Yorker Comp, Veterans Disability, Pension Benefits)	\$
ADC, SFA, SDA, RAP/REP (Attach a copy of DSS Annual Statement)	\$
Alimony	\$
Child Support	\$
Unemployment Benefits	\$
Other Nontaxable Income (Military Family Allotments, College Scholarships, Grants, Fellowship, etc.)	\$
Less Amount YOU PAY for Medical Insurance	\$
YOUR TOTAL INCOME	\$
INCOME FOR ALL MEMEBERS OF HOUSEHOLD (not claimed as dependents) AS SHOWN ON FIRST PAGE OF APPLICATION	\$
TOTAL PROJECTED HOUSEHOLD INCOME FOR 2021	\$

ADDITIONAL QUESTIONS AND REQUIREMENTS

Have you filed for assistance through Michigan Department of Human Services or any other assistance agency?

YES NO

If yes, are you currently receiving assistance?

YES NO

Have you recently received a shut off notice from the Gas/Fuel Oil or Electric Utilities?

YES NO

Do you currently have a payment arrangement on file for your utility bill?

YES NO

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED IN MY APPLICATION FOR HARDSHIP EXEMPTION IS TRUE.

SIGNED: _____

FOR OFFICE USE ONLY

Current Balance Outstanding:

- Gas/Fuel Oil _____
- Electricity _____
- Other _____

How long has the account been outstanding? _____

What is the quarterly average bill? _____

Was anything rolled to taxes in 2021? _____

Did they receive a hardship reduction for the previous year? YES NO

If yes, what was the amount? _____

Account History Attached

Comments:

Poverty Exemption Affidavit

This form is issued under authority of Public Act 2006 of 1983; 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.

I, _____ swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence: _____

Signature of Person Making Affidavit

Date

This application shall be filed after January 1, but prior to the first day of the March, July or December Board of Review to the address below.

Board of Review
c/o Assessor
York Township
11560 Stony Creek
Milan, MI 48160

DECISIONS OF THE MARCH BOARD-OF-REVIEW MAY BE APPEALED IN WRITING TO THE MICHIGAN TAX TRIBUNAL BY JULY 31 OF THE CURRENT YEAR. JULY OR DECEMBER BOARD OF REVIEW DENIALS MAYBE APPEALED TO MICHIGAN TAX TRIBUNAL WITHIN 35 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE FILING.

Michigan Tax Tribunal
PO Box 30232
Lansing, MI 48909
Phone: 517-373-3003
Fax: 517-373-1633
E;mail: taxtrib@michigan.gov

MEDICAL OR OTHER EXTRAORDINARY SITUATIONS

Use the space below to explain the nature of any special hardships.

Provide dollar amounts of any unusual expenses resulting from these special situations. (Attach copies of bills.) Good documentation could result in a claim being approved in spite of otherwise non-qualifying income and asset amounts.

VII. OTHER COMMENTS

Total Costs: \$ _____

Less Reimbursements: \$ _____
(i.e. insurance, medicare,
or Medicaid)

Net Cost of
Unusual Circumstance \$ _____

II. Contact Information

PREPARER'S NAME, if different from Applicant:

Print: _____

Sign: _____

Preparer's Mailing Address: _____

Preparer's Phone Number: _____

Relationship of preparer to applicant: _____