Filing Deadline for 2024: March BOR – March 7<sup>th</sup> July BOR – July 11<sup>th</sup> December BOR – December 5<sup>th</sup>

PETITION NUMBER	
PARCEL NUMBER: 22-23-	
ASSESSED VALUE	TAXABLE VALUE

# City of Farmington Hills Application for Property Tax Relief

Pursuant to Section 211.7u Michigan Compiled Laws

This application must be filled out carefully and completely. A copy of 2023 Federal and State Income Tax Returns, with the Michigan Property Homestead Form (1040-CR), must be submitted with this application for each person residing in or contributing to the homestead. All information supplied will be kept confidential.

Applications submitted without completed forms or income tax returns may result in a denial.

This is an annual exemption and must be reapplied for each year.

# Exemption Qualifiers (must meet all to be considered)

- 1. Must own and occupy the property as a principal residence.
- 2. Must conform to the income guidelines which are attached to the booklet.
- 3. Must attach income tax information, both federal and state including a Michigan 1040-CR Homestead Property Tax Form (or income verification if they do not file), all W-2's, all 1099's and all financial statements from the prior year (2023) as well as the current month.
- 4. **Must** pass the asset test as established and explained in the booklet.

  CONFIDENTIAL RESTRICTED ACCESS

# 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.

PAR	T 1: PERSONAL INFOR	RMATION -	– Petitioner must l	ist all required persona	al information			
Petitioner's Name				Daytime Phone Number				
		la e cocc						
Age of	Petitioner	Marital Status		Age of Spouse	Numt	mber of Legal Dependents		
Proper	rty Address of Principal Residence			City		State	ZIP Code	
	Check if applied for Hor	mestead Pi	roperty Tax Credit	Amount of Homestead Prope	rty Tax Credit		•	
PAR	T 2: REAL ESTATE INF	ORMATIO	N		ggrafika Nematra			
List	the real estate information	on related t	o vour principal res	sidence. Be prepared	to provide a d	eed lan	d contract or other	
	ence of ownership of the				io provido a a	004, 1411	a dominade de dinor	
Proper	rty Parcel Code Number			Name of Mortgage Company				
Unpak	d Balance Owed on Principal Resid	lence	Monthly Payment		Length of Time a	t this Reside	ence	
Proper	rty Description		<u></u>					
	., <u> </u>							
PAR	T 3: ADDITIONAL PRO	PERTY INI	FORMATION			3 - 2 - 3 - 4, 223	Paris Historia	
List	information related to an	y other pro	perty owned by yo	u or any member resid	ding in the ho	usehold.		
	Check if you own, or an information below.	e buying, o	ther property. If che	ecked, complete the	Amount of Incom	e Earned fro	om other Property	
	Property Address			City	<u> </u>	State	ZIP Code	
۱ , ا								
1	Name of Owner(s)		Assessed Value	Ssessed Value Date of Last Taxes Paid		Amount of Taxes Paid		
	Property Address			City		State	ZIP Code	
	Troperty Address			City		State	ZIF Code	
2	Name of Owner(s)			Assessed Value	Date of Last Taxe	L es Paid	Amount of Taxes Paid	

PART 4: EMPLOYMENT I	NFORMATIC	ON — List your cu	rrent employ	ment in	formation.		
Name of Employer					"		
Address of Employer			City		State	ZIP Code	
Contact Person			Employer Tel	ephone Nu	mber		
PART 5: INCOME SOURCE	ES	· :					
List all income sources, in accounts), unemployment judgments from lawsuits, income, for all persons res	compensationalimony, child	on, disability, gove d support, friend o	rnment pens	ions, wo	orker's compensat	tion, divi	dends, claims and
	Source o	of Income			Monthl	y or An	nual Income which)
							, 
	A CONTRACTOR OF THE CONTRACTOR						
PART 6: CHECKING, SAV	/INGS AND I	NVESTMENT IN	FORMATION	1 - 1 - 1 - 1 - 1			
List any and all savings accounts, postal savings, persons residing at the pro-	credit union :						
Name of Financial Institution or Investments		Amount on Deposit	Current Interest Rate	te Name on Acco		nt	Value of Investment
	a :	4444					
		Verify the second secon					
PART 7: LIFE INSURANCE	E — List all ¡	policies held by al	ll household	membei	rs.		
Name of Insured Policy		f Monthly Payments		Policy Paid in Full Na		ciary	Relationship to Insured
					Philips 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
PART 8: MOTOR VEHICL	E INFORMA	TION					
All motor vehicles (includ within the household must	ing motorcyc		s, camper tra	ailers, e	tc.) held or owne	d by an	y person residing
Make		Year		Mont	hly Daymont	D.	alanco Owod
IVIANCE		i edi		Monthly Payment		Balance Owed	

PART 9: HOUSEHOLD O	CCUPANTS -	— List all p	ersons li	iving	in the househ	old.		1	· · · · · · · · · · · · · · · · · · ·
First and Last	Name	Age		Relationship to Applicant Pi		Place	e of F	Employment	\$ Contribution to Family Income
							·		
					***************************************			-	
	<u> </u>				·	-			
			/*·····						
						-			
PART 40. PERCONAL DE	TPT List of	<u> </u>	-1 -1-1 £	11 15 4		<u></u>			
PART 10: PERSONAL DE	.BI — LIST AII	personai d	Υ		usenoia memi T	bers.			
Creditor	Purpose (	of Debt	Dat of De		Original Bal	ance	Mont	thly Payment	Balance Owed
		ļ							
-					<del> </del>				
			-						
		ļ							
PART 11: MONTHLY EXP	FNSF INFOR	ROITAMS					V. 4. (2)		
The amount of monthly ex			orincipal	resic	lence for each	h cate	norv :	———— must be listed	d Indicate N/A as
necessary.			71110.p.s	100	TOTTO THE MAN W.	· · · · · · · · ·	g-,, .	muot bo noto:	I. HIGHOUGH THE CO.
Heating	Electric		Water			Phone		-	
Cable	Food			Clothing			Health Insurance		***************************************
Garbage		Daycare		<u> </u>		Cai	Car Expense (gas, repair, etc		.)
Other (type and amount)		Other (type an	nd amount)			Oth	Other (type and amount)		
Other (type and amount)		Other (type and amount)			Oth	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 ACKNOW	WLEDGMENT				
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 tha eligible for the exemption from property taxes p	•	• •			
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

### CITY OF FARMINGTON HILLS

#### GUIDELINES FOR POVERTY EXEMPTION REVIEW

#### I. General Overview

The Board of Review of the City of Farmington Hills recognizes the need to have available a procedure by which residents in need of assistance under MCL 211.7u can make an application for property tax relief. The Board further recognizes that pursuant to statute and case law, they must adopt procedures and guidelines, approved by City Council, to be used as standards when considering appeals made based on financial hardship. The Board of Review understands that these guidelines must be adhered to when reviewing poverty appeals. The Board of Review may reject any form submitted that is inaccurate or not fully completed by the time of the Board's consideration. All information in the form is subject to verification by the Board of Review or Assessors Office.

# II. Basic Filing Requirements

In order to be considered for exemption under MCL 211.7u each applicant must:

- **A.** Own and occupy the property as a principal residence, as defined by law, for which the request is being made. This may include vacant, contiguous property as long as it is considered part of the principal residence.
- **B.** Complete and submit an <u>Application for Tax Exemption</u> on a form designated and supplied by the City of Farmington Hills Assessors Office.
- C. Submit income verification as required. This must include current Federal and State Income Tax Returns, State Homestead Property Tax Credit Forms, bank statements, or any additional information requested by the Board of Review.

# III. Processing Applications

Once an Application for Tax Exemption is completed and returned to the Assessor's Office, it will be reviewed by the Assessing staff. The Assessing staff will complete and attach a Hardship Worksheet to each appeal. The worksheet will summarize the application and provide the Board of Review with specific information, income of the applicant, an estimated tax amount for the property, a summary of the estimated Homestead Property Tax Credit for the property and the estimated net property tax liability to the homeowner.

After the above referenced information is compiled, the entire packet will be submitted to the Board of Review to be considered for tax relief. The Board of Review, in making their decision, may contact the applicant for any additional information they deem necessary. The Board of Review shall also reject any application where the information contained in it appears fraudulent, misleading or incomplete.

# **CITY OF FARMINGTON HILLS**

# **GUIDELINES FOR POVERTY TAX EXEMPTION**

# IV. Income Guidelines

The income guidelines used by the Board of Review have been established in accordance with P.A. 390 of 1994 and P.A. 253 of 2020. These guidelines shall be used by the Board of Review in making its decisions. The income amounts below relate directly to the Federal Poverty Guidelines and are adjusted accordingly each year.

Persons	<u>Household</u>	
in Household	<u>Income</u>	Board Action
1	\$ 0 - \$ 18,225	100% reduction in Taxable Value
	\$ 18,226 - \$ 25,120	50% reduction in Taxable Value
	\$ 25,121 - \$ 35,410	25% reduction in Taxable Value
	Over \$ 35,410	No hardship relief will be granted
 *********		
 2	\$ 0 - \$ 24,650	100% reduction in Taxable Value
	\$ 24,651 - \$ 31,545	50% reduction in Taxable Value
	\$ 31,546 - \$ 41,835	25% reduction in Taxable Value
	Over \$ 41,835	No hardship relief will be granted

For each additional person over 2 in the household, add \$ 6,425 to income levels to determine income qualifications.

# **CITY OF FARMINGTON HILLS**

#### **GUIDELINES FOR POVERTY TAX EXEMPTION**

#### V. Asset Guidelines

As required by P.A. 390 of 1994 and P.A. 253 of 2020, all guidelines for poverty exemptions as established by the governing body of the local assessing unit SHALL also include an asset level test. The following assets shall be considered when applying an asset test to determine qualification for tax exemption:

- i. The value of all "liquid assets" shall not exceed ten (10) times the estimated annual property tax on the homestead property. Examples of "liquid assets" may include, but is not limited to, the cash value of life insurance policies, mutual funds, bonds or stocks as well as money market accounts, savings accounts, or checking accounts.
- ii. The value of all assets of the applicant shall not exceed five (5) times the annual household income of the applicant or those contributing to the expenses of the household. Totals assets may include, but is not limited to, cars, boats, real estate that is not the homestead (including rental properties and vacant properties), and all liquid assets.

All asset information, as requested in the <u>Application for Property Tax Exemption</u> must be completed in total. The Board of Review may request additional information and verification of assets if they determine it to be necessary and <u>may reject</u> any application if assets are not properly identified.

### VI. Summary

In conclusion, the Board of Review has been given exclusive statutory jurisdiction over the granting of property tax relief due to poverty. The Board of Review for the City of Farmington Hills takes this task seriously and attempts to provide relief to all deserving residents within the city. The Board of Review reserves the right to modify these guidelines as necessary.

Income Guidelines Revised November 20, 2023

# 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 infor	rmation for the person owning ar	d occupying t	he resid	ence.		
Owner Name			Owner Telephone Number			
Mailing Address	City		State	ZIP Code		
PART 2: LEGAL DESIGNEE INFORMATION (C	Complete if applicable.)		19 (1) (1)			
Legal Designee Name		Daytime Telephon	e Number			
Mailing Address	City	l	Ctoto	ZIP Code		
Maning Address	City		State	ZIP Code		
PART 3: HOMESTEAD PROPERTY INFORMA	TION — Enter information for prope	erty in which the	exempt	ion is being claimed.		
City or Township (check the appropriate box and enter name)		County	·····			
City Township Village						
Name of Local School District						
Parcel Identification Number	Year(s) Exemption Previously	Granted by Board of	of Review	,		
		·				
Homestead Property Address	City		State	ZIP Code		
PART 4: AFFIRMATION OF OWNERSHIP, OCC	CUPANCY, AND INCOME STAT	US (Check all	boxes t	hat apply.)		
☐ I own the property in which the exemption is being as any dwelling with its land and buildings of the example of the exemption is being as any dwelling with its land and buildings of the example of	ing claimed is used as my homes where a family makes its home. emption, my income and asset sassistance that is not subject to solution or Social Security Income Or Social Se	tatus has remignificant annu ecurity disabilit	ained unual incre	nchanged and/or eases beyond the irement benefits.		
Owner or Legal Designee Name (print)	Signature of Owner or Legal Designee		Da	ate		
Designee must attach a letter of authority.						
LOCAL GOVERNMENT	USE ONLY (DO NOT WRITE BE	LOW THIS LI	NE)			
Approved Denied (Attach appeal instru				l be posted to tax roll		
CERTIFICATION — I certify that, to the best of accurate.	f my knowledge, the information	contained in	this forn	n is complete and		
Assessor Signature		Date Certified by A	\ssessor			

#### **City of Farmington Hills**

#### **Property Tax Relief Document Check List**

Prior to completion of the applications, please read the entire guidelines to determine if you qualify. Submit early. Do NOT wait until the deadline to file. Incomplete application or documentation may result in the Denial of Exemption by the Board of Review.

The list below has been provided as a **guide** and **may not** be all inclusive. Additional documentation could be required based on your circumstances. Please provide to the Board of Review all documents that support your income and assets. It is the **taxpayers/applicant's responsibility** to make sure the application is **COMPLETE** and **ALL** documentation is provided to the Assessing Department. The Assessing Department is not responsible if you do not provide all information.

CHECK	Exemption Qualifiers:
	<b>1.</b> Are you the current owner of the property?_
	2. Are you listed as the owner of the property in the City records? If not, please provide a copy of the deed or land you legal ownership.
	3. Do you occupy the property as your Principal Residence and are you receiving the exemption? (PRE 100%)
	4. Does your household meet the income guidelines attached to the Application?
	5. Does your household meet the Asset guidelines attached to the Application?
	6. Have I provided all pages of all the required documents, if applicable, for each owner and occupant?
	_ INITIALS
CHECK	For the last calendar year:
	a. Federal Income Taxes-Individual and Business-all pages-True copies of filed documents with support
	b. Michigan Income Taxes-Individual and Business-all pages- True copies of filed documents with support
	c. Michigan Homestead Property Tax Credit (1040-CR)- True copies of filed documents with support
	d. Michigan Home Heating Credit- True copies of filed documents with support
	e. Verification of Wages-W-2's, Family assistance, Non-profit assistance, lottery winnings, other, etc.
	f. 1099's all sources including but not limited to Dividends, Interest, Social Security Benefits, Unemployment,
	annuities, other
	g. Award Letters- Social Security, Bridge Card, FIA/DHS, VA benefits, Disability benefits, Child Support, Alimony, worker's compensation, insurance payments or settlements, other
	h. Support from others including family members, Religious Organizations, Government Agencies-Letter of explanation of amount and frequency. Must be signed by contributor.
	i. Self-Employment Proof of Income- receipts, checks, signed statements, balance sheet, depreciation table
	j. Rental Income- checks or receipts, Current Record Card or Current Assessment Notice
	k. Scholarship or Grant tax documents-1098-T
	I. IRS Stimulus letters. Notice 1444, ALL
	INITIALS
CHECK	Ownership:
	m. Land Contract-if not recorded
	n. If home purchased within current or prior calendar year-closing packet.
	o. Other homes or property- Current Record Card or Assessment Notice
	_ INITALS
CHECK	For the last calendar year and the most recently received:
	p. Financial Statements: All pages must be included for all statements and all accounts. Including but not limited to Savings, Checking, ension, Retirement, HSA, Social Security debit card, Business accounts, Child Support, Zelle, Venmo, direct payment accounts, currency, NFT's, digital assets, etc. Both domestic and foreign.
	INITALS