

CITY OF BRIGHTON, MICHIGAN

Office of the Assessor
Kathy Lupi, City Assessor
(810) 225-8024

Guidelines for Applicants Requesting Poverty Exemptions *as of December 31, 2010*

Pursuant to MCL 211.7u, the City of Brighton has established the following procedures for the uniform determination and application of poverty exemptions to be administered by the Brighton Board of Review.

- 1) All applicants of homesteaded property must obtain and fill out the proper application from the City Assessor's Office. Once obtained, please call the office at (810) 227-9006 and make an appointment to come in and go over your application. This appointment should take only about 30 minutes. Handicapped or infirmed applicants may call the Assessor's Office to make necessary arrangements for a home visit. The application with all requested documents and interview must be completed by:

March 10, 2011	for action by the March Board of Review <i>or</i>
July 12, 2011	for action by the July Board of Review <i>or</i>
December 6, 2011	for action by the December Board of Review

- 2) All applicants must be property owners & reside therein.
 - * Must produce a valid driver's license or other acceptable method of identification.
 - * Must produce a deed, land contract or other evidence of ownership upon request.
- 3) All applicants must fill out the application form in its entirety and return it, in person, to the Brighton office except as noted in Item 1 above.
 - * Applicants must not sign until application is returned.
 - * The office staff at City Hall must notarize application.
- 4) All Applicants must submit **most recent** copies of the following, for all those with ownership interest in the home and any persons residing in the home even if they have no ownership interest:
 - * Federal Income Tax Return - 1040 or 1040A
 - * State of Michigan Income Tax Return
 - * Homestead Property Tax Claim - MI-1040CR
 - * All statements of Income (W-2s, 1099s)
 - * Provide information pertaining to federal non-cash benefit programs including but not limited to: Medicare, Medicaid, food stamps and school lunches.
 - * Provide all income / asset information for all those with ownership interest in the home and any occupants of the home even if they have no ownership interest.
- 5) The Board of Review may review applications without the applicant being present, however, the applicant may attend the meeting if they wish to answer any questions the board may have. The applicant may be asked to answer questions regarding their financial affairs, health, status of the people living in the home, etc. by the board at the board meeting which is open to and may be attended by the public.
- 6) Household income limits are updated each year, using the poverty thresholds established by the Bureau of Census. The board may also consider an adjustment to these limits due to extenuating circumstances and/or disability of the applicant.
- 7) Applicants will be sent a written notice of the Board's final decision. An applicant may appeal the Board's decision to the Michigan Tax Tribunal. Appeals must be filed with the tribunal by June 30, 2011 for appeals before the March Board or within 30 days of notification of the Board's decision for July and December appeals. For more information on how to appeal to the Michigan Tax Tribunal, consult their website at www.michigan.gov/taxtrib.

**CITY OF BRIGHTON
APPLICATION FOR ONE YEAR HARDSHIP REDUCTION**

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COMPLETE ENTIRE APPLICATION AND RETURN IT ALONG WITH THE **MOST RECENT** COPIES OF THE FOLLOWING:
THE LAW REQUIRES THE APPLICANT TO FILE AND PRODUCE AN INCOME TAX RETURN EVEN IF THAT RETURN IS A ZERO FILING.

- (1) FEDERAL TAX RETURN (1040 or 1040A)
- (2) STATE OF MICHIGAN INCOME TAX RETURN
- (3) MICHIGAN HOMESTEAD PROPERTY TAX CREDIT CLAIM (1040-CR)
- (4) ALL INCOME STATEMENTS ASSOCIATED W/ABOVE RETURNS (W-2s, 1099s)
- (5) INFORMATION PERTAINING TO FEDERAL NON-CASH BENEFITS PROGRAMS SUCH AS MEDICARE, MEDICAID, FOOD STAMPS AND SCHOOL LUNCHES.
- (6) ALL INCOME/ASSET INFORMATION FOR ALL CURRENT OWNERS AND OCCUPANTS OF THE HOME.

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT ALL OF THIS INFORMATION

THIS FORM IS A TWO SIDED FORM, PLEASE READ BOTH SIDES

PERSONAL DATA

Name: _____ Are you 65 or Older? YES NO
 Address: _____ Phone #: _____
 Social Security #: _____ Are you Disabled? YES NO
 Nature of Disability: _____ # of Dependents: _____
 Age: _____ Ages of Dependents: _____

List all occupants of the home and their relationship:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional pages if necessary

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional pages if necessary

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 -----> Employer Name & Address: _____

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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/Workman's Comp	_____	_____
General Assistance / ADC/FIA	_____	_____
General Assistance / Foodstamps	_____	_____
Child Support received	_____	_____
Alimony received	_____	_____
Federal non-cash benefits	_____	_____
Unemployment Benefits	_____	_____
Other Income from Family	_____	_____
Income from Land Contracts, etc.	_____	_____
Any Other Income (Source)	_____	_____

TOTAL PROJECTED INCOME FOR CURRENT YEAR

ASSETS

Do you have a savings account?	NO	YES ----->	Balance: _____	Bank: _____
Do you own any time certificates?	NO	YES ----->	Type: _____	Value: _____
Do you own any stocks or bonds?	NO	YES ----->	Type: _____	Value: _____
Do you own any other assets?	NO	YES ----->	Type: _____	Value: _____
(Boats, RV's, Snowmobiles, etc)			Type: _____	Value: _____
			Type: _____	Value: _____

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EXPENSE INFORMATION

	<u>Monthly</u>	<u>Yearly</u>
House Pmt (Prin. & Interest)	_____	_____
Life Insurance	_____	_____
Health Insurance	_____	_____
Homeowners Insurance	_____	_____
Condominium Dues	_____	_____
Auto Insurance	_____	_____
Child Care	_____	_____
Food & Personal Items	_____	_____
Utilities: Electric	_____	_____
Gas/Oil/Heat	_____	_____
Telephone	_____	_____
Water	_____	_____
Medical Bills (After Insurance)	_____	_____
Other Liabilities (Specify)	_____	_____
Car Payment #1	_____	Year Make & Model _____
Car Payment #2	_____	Year Make & Model _____
Credit Card Debt	_____	Balance _____
	_____	Balance _____
	_____	Balance _____
Total Monthly Expenses	_____	

Do you have any unusual expenses? NO YES-----> Please describe:

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

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I/WE DECLARE THAT I/WE ARE UNABLE TO PAY THE FULL PROPERTY TAX LEVY ON THE ABOVE DESCRIBED PARCEL AND HEARBY 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 HERIN 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 _____