

# **Poverty Exemption**

## **2020 CHECKLIST**

Below is a checklist of items needed for the local Board of Review to make an accurate decision about your Application for poverty exemption.

Note: Provide proofs for yourself, spouse, and all OTHERS that are living in the home.

- Completed application for Poverty Exemption.
- Completed Income & Status Sheet for each owner/occupant in the home 18 years or older (attached to application).
- Current 2019 State & Federal Income Tax Returns for each owner/occupant in the home 18 years or older.
- Most recent 3 months of Bank Statements for each owner/occupant in the home.
- Documentation for all income sources including but not limited to credits, claims, Social Security income, child support, alimony income, bridge cards, student loans, scholarships, grants, pension-1099 statements and all other income sources.
- Copy of Driver's License (front & back).
- Copy of Deed to the home showing ownership.
- If applicable, a written explanation of why any person(s) in the home 18 or over are not contributing to the income and expenses of the property.
- If applicable, a written explanation of why ones expenses exceed their income, excluding property taxes.
- If applicable, most recent home mortgage, second mortgage, equity loan statements.
- Unusual & excessive medical bills.



**PITTSFIELD CHARTER TOWNSHIP  
2020 HARDSHIP/POVERTY EXEMPTION  
POLICY AND GUIDELINES**

POVERTY EXEMPTION, as defined by the Michigan Compiled Laws, is as follows:

**Section 211.7u:** (1) The homestead of persons who, in the judgment of the supervisor and board of review, by reason of poverty, are unable to contribute toward the public charge is eligible for exemption in whole or in part from taxation under this act. This section does not apply to the property of a corporation.

Please be aware that as an applicant for Poverty Exemption you must also comply with the following section of the Michigan Compiled Laws:

**Section 211.118:** Perjury: Any person, who, under any of the proceedings required or permitted by this act shall willfully swear falsely, will be found guilty of perjury and subject to its penalties.

**Section 211.119:** Willful Neglect: Penalty-...a person who willfully neglects or refuses to perform a duty imposed upon that person by this act, when no other provision is made in this act, is guilty of a misdemeanor, punishable by imprisonment for not more than 6 months, or a fine of not more than \$300 dollars, and is liable to a person injured to the full extent of the injury sustained.

The members of the Board of Review analyze all properly submitted applications for Hardship/Poverty Exemptions, according to amended P.A. 390 of 1994, section 211.7u of the Michigan Compiled Laws (MCL). Each taxpayer will be treated the same, and the items to be considered and the manner in which they will be analyzed are listed under the following guidelines.

**STATE LAW GUIDELINES:**

- 1.) The application for the exemption, in whole or in part, must be completed in its entirety on an annual basis.
- 2.) The property must be owned and occupied by the applicant. A principal residence exemption must be on file confirming the property is their principal residence.
- 3.) Per MCL 211.7u(2b) provide current Income Tax Returns, both Federal and State, including Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3, or 4) for **ALL PERSONS** residing in the homestead. Documentation for all income sources including but not limited to credits, claims, Social Security income, child support, alimony income, bridge cards, and all other income sources must be provided at time of application. If applicant(s) is not required to file a Federal or State Income Tax return, they must complete and file an Income Tax Exemption Affidavit (PA 135 of 2012).
- 4.) Applicant must provide a copy of their driver's license or state I.D. A copy of the deed or other document proving property ownership must also be provided.
- 5.) The applicant must meet federal poverty standards or the alternative guidelines as established by Pittsfield Charter Township Board of Review.
- 6.) Meet the asset level test as set by Pittsfield Township Board of Review Asset Guidelines.
- 7.) The Board of Review shall follow the guidelines unless the Board determines there are substantial and compelling reasons why there should be a deviation from the guidelines. If the Board of Review deviates from this policy and guidelines for any reason, they are required by statute to communicate the substantial and compelling reasons for the deviation from the guidelines in writing to the claimant.

**PITTSFIELD CHARTER TOWNSHIP 2020 GUIDELINES:**

**A copy of the Registered Deed for primary residence identifying all owners of the subject property must be submitted with the application if requested.**

**Picture ID (Drivers License; State ID) for primary applicant must be submitted.**

1.) Under no circumstances will any poverty exemption be continued to the following year without a complete application submitted for that year.

2.) All owners and occupants, 18yrs of age and older, of the subject property shall complete, and supply to the Assessing Department, the poverty application form accompanied by the required **copies of current Income Tax Returns both Federal and State including attachments and the MI 1040 CR showing the Homestead Property Tax Credit.** Tax Returns must be signed and dated to be eligible (for calendar year 2020-submit 2019 tax returns). Proof of gross annual income from all sources must be provided. Provide a copy of current pay stubs for all persons residing in the home.

According to the U.S. Census Bureau, “income” includes:

- Money, wages, and salaries before any deductions.
- Net receipts from non-farm self-employment. (These are receipts from a person’s own business, professional enterprise, or partnership, after deductions for business expenses.)
- Regular payments from social security, railroad retirement, unemployment, and worker’s compensation, veteran’s payments and public assistance.
- Alimony, child support, and military family allotments.
- Private pensions, governmental pensions, and regular insurance or annuity payments.
- College or university scholarships, grants, fellowships, and assistantships.
- Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

Additional income sources:

- Gifts, loans, lump-sum inheritances, one-time insurance payments, and State and/or Federal non-cash benefit programs such as Medicare, Medicaid, food stamps, school lunches, and/or bridge card.

**Asset Guidelines Used in the Determination of Hardship/Poverty Exemptions for 2020**

Applicants must, in accordance with PA 390 of 1994, meet the “Asset Guidelines” as adopted by the Pittsfield Charter Township Board. An asset test means the amount of cash, fixed assets or other property that could be used, or converted to cash for use in the payment of property taxes.

All asset information, as requested in the Application for the Hardship/Poverty Exemption, must be provided in its entirety. The Board of Review may request additional information and verification of assets if they determine it to be necessary and may reject any application if the assets are not completely or properly identified.

Liquid assets may include, but are not limited to:

Bank accounts, stocks and bonds, IRA’s, Roth’s, other investment accounts, pensions, money received from the sale of property such as stocks, bonds, a house or car, or gifts and borrowed money, etc. Savings and other liquid assets not listed above are limited to \$1,000.

Additional total assets may include but are not limited to any of these either owned or leased:

A second home, vacant or excess land, rental property, extraordinary automobiles, recreational vehicles, including snowmobiles, boats, campers, travel trailers, motor homes, jet ski, motorcycles, off road vehicles, additional buildings other than residence, equipment, jewelry, antiques, artwork, other personal property of

value, and any food or housing received in lieu of wages. Total household non-liquid assets other than the principal residence cannot exceed a cash value of \$25,000.

3.) All applications need to be received at the Assessing Department five full business days prior to the Board of Review. All applications will be processed by the Assessing staff to determine the percentage of household income consumed by property taxes. You may be contacted by a staff member to verify information or to do an interior and exterior field inspection of your property.

4.) It is the applicant's responsibility to complete all items on the application and give thorough explanations of information that are not self explanatory. If the applicant's circumstances do not meet the guidelines, an explanation of the substantial and compelling reasons must be submitted in writing or the application will be denied. Any additional information to be presented to the Board must be in writing and attached to the application. The Board of Review has the discretion to deviate from the policy and guidelines as set forth upon a showing of substantial and compelling reasons.

5.) If your expenses (not including property taxes) exceed your income, a written explanation will be required.

6.) A written affidavit is required for all household members over the age of 18 who are not cited as contributing to the household income. Attendance in college or any other schooling above high school is not considered a compelling reason for not contributing to necessary household expenses.

7.) Primary applicant may not own any other real estate. The Board can deny an application if they determine that monies spent in the past two years for unnecessary purchases and/or unnecessary property upgrades could have been used for property taxes.

8.) **Copies of the last three (3) months bank statements** for all persons residing in household must be included with application. Poverty exemptions are limited by \$1,000 in savings and other liquid assets and real estate holdings of the homestead (Principle Residence) only.

9.) If you have a **mortgage and/or home equity loan** on your property you must **provide a copy of your most recent statement(s)**. If you are more than ninety (90) days in arrears on your payments you may not qualify for a poverty exemption. You will be contacted just prior to the Board of Review for a more recent copy of your statement(s).

10.) If the principal residence has been purchased within three (3) years of application, attach documents used to qualify for the mortgage, or if no mortgage, explain why funds were not set aside for taxes.

11.) As approved by the Township BOT, resolution #20-04, to be eligible for the exemption, persons must meet the above asset guidelines, whereas total household non-liquid assets other than the principal residence cannot exceed a cash value of \$25,000, savings and other liquid assets not listed above are limited to \$1,000.

## INCOME GUIDELINES

Local governing bodies are required to adopt guidelines that set income levels for their poverty exemption guidelines and those income levels shall not be set lower than the annual federal poverty guidelines. The Pittsfield Charter Township Board established the following income guidelines in accordance with MCL 211.7u and shall be adhered to unless accompanied by special circumstances. The Board of Review may, upon their discretion, provide temporary relief or grant an annual reduction of the tax liability for a household that exceeds the federal guidelines. In general these guidelines shall assist the Board of Review in their decision making.

### FEDERAL POVERTY STANDARDS

| Size of family/<br>household residents | 2020 Maximum<br>Household Income |
|--|----------------------------------|
|--|----------------------------------|

|   |          |
|---|----------|
| 1 | \$12,490 |
|---|----------|

|   |          |
|---|----------|
| 2 | \$16,910 |
|---|----------|

|   |          |
|---|----------|
| 3 | \$21,330 |
|---|----------|

|   |          |
|---|----------|
| 4 | \$25,750 |
|---|----------|

|   |          |
|---|----------|
| 5 | \$30,170 |
|---|----------|

|   |          |
|---|----------|
| 6 | \$34,590 |
|---|----------|

|   |          |
|---|----------|
| 7 | \$39,010 |
|---|----------|

|   |          |
|---|----------|
| 8 | \$43,430 |
|---|----------|

|                    |               |
|--------------------|---------------|
| additional persons | \$ 4,420 each |
|--------------------|---------------|

### PITTSFIELD TOWNSHIP GUIDELINES

| Size of family/<br>household residents | 2020 Maximum<br>Household Income |
|--|----------------------------------|
|--|----------------------------------|

|   |          |
|---|----------|
| 1 | \$23,107 |
|---|----------|

|   |          |
|---|----------|
| 2 | \$31,284 |
|---|----------|

|   |          |
|---|----------|
| 3 | \$39,641 |
|---|----------|

|   |          |
|---|----------|
| 4 | \$47,638 |
|---|----------|

|   |          |
|---|----------|
| 5 | \$55,815 |
|---|----------|

|   |          |
|---|----------|
| 6 | \$63,992 |
|---|----------|

|   |          |
|---|----------|
| 7 | \$72,169 |
|---|----------|

|   |          |
|---|----------|
| 8 | \$80,346 |
|---|----------|

|                    |          |
|--------------------|----------|
| additional persons | \$ 8,177 |
|--------------------|----------|

## SUMMARY

In conclusion, the Board of Review has been given exclusive jurisdiction over the granting of property tax relief due to financial hardship. The Board of Review for Pittsfield Charter Township takes this task seriously and attempts to provide relief to all deserving residents within the township. The Board of Review may deny any appeal, regardless of income, if the financial hardship appears to be self created by the actions of the person or persons making the application.

Annual applications and guidelines are available after the first meeting of the Township Board each year and shall be filed with the Pittsfield Charter Township Board of Review one day prior to the last day of the March, July or December Board of Review to the address listed below. It is recommended to file applications sooner if possible to avoid incomplete applications being submitted to the Board.

Board of Review  
c/o Pittsfield Charter Township Assessing Office  
6201 W. Michigan Avenue  
Ann Arbor, MI 48108  
Phone: 734 822-3115  
Fax: 734 944-4661  
E-mail: [assessing@pittsfield-mi.gov](mailto:assessing@pittsfield-mi.gov)

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 may be 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  
P.O. Box 30232  
Lansing, MI 48909  
Phone: 517 373-4400  
Fax: 517 373-4493  
E-mail: [taxtrib@michigan.gov](mailto:taxtrib@michigan.gov)

**PITTSFIELD CHARTER TOWNSHIP  
APPLICATION AND INSTRUCTIONS FOR 2020  
HARDSHIP/POVERTY REDUCTION**

The 2020 Application for One Year Poverty Reduction has been modified to be consistent with the requirements of the State of Michigan regarding poverty exemptions. To be considered for a poverty reduction, the following information MUST be provided:

1. **COMPLETE ALL SECTIONS OF THIS APPLICATION IN FULL; DO NOT LEAVE ANY BLANK LINES/AREAS. WRITE IN N/A IF THE AREA DOES NOT APPLY TO YOU.** Applications may be considered ineligible if they are not completed in full.

2. Submit completed and signed COPIES of the following:

2019 Michigan Homestead Property Tax Credit Claim (MI 1040 CR)

2019 Federal Income Tax Return (1040), if you are required to file federal income tax. If you were not required to file federal or state income tax in the current or previous year, please include a completed Department of Treasury Form 4988 – Poverty Exemption Affidavit. (PA 135 of 2012)

2019 Federal Income Tax Return (1040) for ALL members residing within the household.

**ALL INCOME TAX RETURNS MUST BE SIGNED.** Applications will be returned if signatures are missing.

3. If someone is residing in your home and is not employed but has income from another source, you **MUST** include their total income in “2020 Estimated Household Income” section and included in Total Projected Household Income for 2020 listed on page 4 of your application. Additional household members’ income detail must also be provided on page 6, attach additional pages if needed.

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 separate sheet(s), do not write in the margins of the application.

6. Do not submit originals of supporting documentation. We are required to keep all documentation for our records in the event of audit by the Michigan Department of Treasury.

7. If the application is (1) incomplete, (2) you do not include copies of the required financial documents, or (3) income tax returns are not signed the application may be considered ineligible for a hardship/poverty reduction.

PARCEL I.D. \_\_\_\_\_

APPEAL NO. \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

**PLEASE STATE WHAT HAS CHANGED OR THE REASON FOR CURRENT FINANCIAL SITUATION.**

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

**LIST ALL OTHER MEMBERS OF YOUR HOUSEHOLD, and their AGE AND RELATIONSHIP BELOW.**

**PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT** \_\_\_\_\_

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

**TELEPHONE NUMBER** \_\_\_\_\_

**STATUS OF EMPLOYMENT AND NAME OF EMPLOYER(S):**

**ARE YOU DISABLED?**

|                                    | EMPLOYED       |                                | EMPLOYER |
|------------------------------------|----------------|--------------------------------|----------|
| <b>SELF</b>                        | ( ) YES ( ) NO | ( ) FULL TIME<br>( ) PART TIME |          |
| <b>Additional Household Member</b> | ( ) YES ( ) NO | ( ) FULL TIME<br>( ) PART TIME |          |

|                                    |                |
|------------------------------------|----------------|
| <b>SELF</b>                        | ( ) YES ( ) NO |
| <b>Additional Household Member</b> | ( ) YES ( ) NO |

**NATURE OF DISABILITY**

Please provide documentation of disability.

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

| TYPE OF EXPENSE | AMOUNT PER YEAR |
|-----------------|-----------------|
|                 |                 |
|                 |                 |

**LIST ALL PERSONS LIVING IN THIS HOME OTHER THAN YOU:**

|                             | 1              | 2              | 3              | 4              |
|-----------------------------|----------------|----------------|----------------|----------------|
| <b>Name</b>                 |                |                |                |                |
| <b>Age</b>                  |                |                |                |                |
| <b>Relationship</b>         |                |                |                |                |
| <b>Occupation</b>           |                |                |                |                |
| <b>Annual Income</b>        |                |                |                |                |
| <b>Claimed As Dependent</b> | ( ) Yes ( ) No | ( ) Yes ( ) No | ( ) Yes ( ) No | ( ) Yes ( ) No |

Attach additional sheet, if needed.



**PROPERTY INFORMATION**

**Purchase Date:** \_\_\_\_\_ **Purchase Price:** \_\_\_\_\_ (If home was purchased within the last 3 years, attach documents used to qualify for the mortgage and explain why funds were not set aside for taxes.)

**Do you own this property free and clear?** ( ) Yes ( ) No

**If not, amount of monthly payment:** \_\_\_\_\_ **Have any improvements, changes, or additions been made to the property in the last two (2) years?** ( ) Yes ( ) No

**Are the taxes included in payment?** ( ) Yes ( ) No **Describe Improvements:** \_\_\_\_\_

**Are property taxes current?** ( ) Yes ( ) No \_\_\_\_\_  
**If not, amount past due** \_\_\_\_\_

**Have you taken a Reverse Mortgage on this property** ( ) Yes ( ) No  
**If yes, please detail**

**GENERAL INFORMATION**

**Have you requested (or are currently receiving) other government assistance?** ( ) Yes ( ) No  
**If yes, please detail the monetary assistance received:**

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**If you have college aged children, are you contributing to their college costs?** ( ) Yes ( ) No  
**If yes, please detail the monetary assistance and provide verification:**

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**Are you or members of your household recently unemployed?** ( ) Yes ( ) No  
**If yes, please indicate when first placed on unemployment:**  
**How long is the unemployment assistance expected to remain?**

**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>Value</u> | <u>Type of Use</u> | <u>Purchase Date</u> | <u>Purchase Price</u> |
|-----------------|--------------|--------------------|----------------------|-----------------------|
| _____           | _____        | _____              | _____                | _____                 |
| _____           | _____        | _____              | _____                | _____                 |

**What are your assets in addition to real estate?**

- Cash** \$ \_\_\_\_\_
- Savings Accounts/Certificates & Money Markets** \$ \_\_\_\_\_
- Checking Accounts (Include Statements)** \$ \_\_\_\_\_
- Stocks/Bonds/Treasury Bills** \$ \_\_\_\_\_
- Insurance – Cash Value** \$ \_\_\_\_\_
- Investments** \$ \_\_\_\_\_
- IRA, Keogh Annuities, Deferred Compensation** \$ \_\_\_\_\_
- Personal Property held as an investment (i.e., gems, jewelry, coin collections, antique cars, etc.)** \$ \_\_\_\_\_

Other

\$ \_\_\_\_\_

Vehicles: Cars, Trucks, Boats, Trailers, etc.  
Attach additional sheet, if needed.

| Make/Model    | #1 | #2 | #3 |
|---------------|----|----|----|
| Year          |    |    |    |
| Value         |    |    |    |
| Balanced Owed |    |    |    |
|               |    |    |    |

**2020 ESTIMATED HOUSEHOLD INCOME (based on 2019 information)**

**APPLICANT'S (Homeowner) 2019 INCOME INFORMATION**

| SOURCE  | AMOUNT PER YEAR |
|---|-----------------|
| Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc.  | \$              |
| Social Security/SSI, or Railroad Retirement   | \$              |
| Retirement Pension or Annuity Benefits (Includes Military Retirement Pay)   | \$              |
| Interest and/or Dividends (includes non-taxable interest)   | \$              |
| Rent/Business or Royalty Income   | \$              |
| Disability Payments (Worker Comp, Veterans Disability, Pension Benefits)  | \$              |
| ADC, SFA, SDA, RAP/REP (Attach a copy of DSS Annual Statement)  | \$              |
| Alimony, Child Support  | \$              |
| Capital gains less capital losses:  | \$              |
| Unemployment Benefits   | \$              |
| Other Nontaxable Income (Military Family Allotments, College Scholarships, Grants, Fellowships, Etc.)                             | \$              |
| Less Amount YOU PAY for Medical Insurance   | \$              |
| <b>YOUR TOTAL 2019 INCOME</b>   |                 |
|   |                 |
| <b>ADD TOTAL 2019 INCOME FOR ALL MEMBERS OF HOUSEHOLD (please attach an income and status sheet for each additional occupant)</b> | \$              |
|   | \$              |
|   | \$              |
| <b>TOTAL PROJECTED HOUSEHOLD INCOME FOR 2020</b>  | \$              |

## HOUSEHOLD EXPENSES

NOTE: VERIFICATION OF EXPENSES MAY BE REQUIRED.

|  | MONTHLY | YEARLY |
|--|---------|--------|
| House Payment (principle and interest):        |         |        |
| Life Insurance:                                |         |        |
| Health Insurance:                              |         |        |
| Home Insurance:                                |         |        |
| Auto Insurance:                                |         |        |
| Car Payment(s) as listed on page 4:            |         |        |
| Gasoline:                                      |         |        |
| Home Heating/Cooling/Electricity:              |         |        |
| Telephone/land line/cellular:                  |         |        |
| Water/sewer:                                   |         |        |
| Cable/Internet:                                |         |        |
| Child Care:                                    |         |        |
| Food (not covered by food stamps/bridge card): |         |        |
| All Other Expenses not listed above:           |         |        |

**LOANS, CREDIT CARDS, AND OTHER OUTSTANDING DEBTS:**  
(other than real estate and vehicles)

|  |  |  |  |
|--|--|--|--|
| Credit Card<br>Company Name<br>Financial Institution |  | Credit Card<br>Company Name<br>Financial Institution |  |
| Current balance                                      |  | Current balance                                      |  |
| Monthly Payment                                      |  | Monthly Payment                                      |  |

(If more space is needed attach additional page - verification of outstanding debts may be required.)

**MEDICAL/DENTAL AND/OR OTHER UNUSUAL EXPENSES** (included expenses for all household members):

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**NOTE: IF EXPENSES (WITHOUT PROPERTY TAXES) EXCEED INCOME, A PROPERTY TAX REDUCTION WILL NOT SOLVE YOUR FINANCIAL PROBLEM. PLEASE EXPLAIN OTHER ACTIONS YOU WILL BE TAKING:**

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**INCOME AND STATUS SHEET  
FOR ADDITIONAL MEMBERS OF HOUSEHOLD  
OTHER THAN APPLICANT**

(An additional form must be submitted for each additional household member over 18 years old)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employed:

Disabled:

Full time: \_\_\_ Yes or \_\_\_ No

Number of years: \_\_\_\_\_

Occupation: \_\_\_\_\_

Describe: \_\_\_\_\_

Employer: \_\_\_\_\_

(Attach supporting documents)

Income per month \_\_\_\_\_

Qualify for benefits? \_\_\_ Yes or \_\_\_ No

\_\_\_ Gross or \_\_\_ Net

(Attach document or an explanation why you do not qualify)

If not employed full-time and not disabled, explain why (not required if over age 65):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REPORT 2019 INCOME FROM ALL SOURCES:**

|  | MONTHLY | YEARLY |
|--|---------|--------|
| Wages, salaries, tips, sick, strike, sub-pay, etc: |         |        |
| All interest and dividends including non-taxable:  |         |        |
| Net rent, business or royalty:                     |         |        |
| Retirement pension/annuity:                        |         |        |
| Capital gains less capital losses:                 |         |        |
| Alimony and Child Support:                         |         |        |
| Social Security, SSI or Railroad Retirement:       |         |        |
| Worker's Compensation, Veteran's Disability:       |         |        |
| DHS Payments:                                      |         |        |
| Food Stamps/Bridge Card:                           |         |        |
| Other Taxable and/or Nontaxable Income:            |         |        |
| <b>2019 TOTAL INCOME (enter on page 4)</b>         |         |        |

REMEMBER TO ENTER total income on page 4 of application, under the "2020 Estimated Household Income" section, in **TOTAL 2019 INCOME FOR ALL MEMBERS OF HOUSEHOLD.**

Explain if your income last year is not similar to this year, or if you anticipate any major changes in the coming year. \_\_\_\_\_

\_\_\_\_\_

**PITTSFIELD CHARTER TOWNSHIP  
AUTHORIZATION TO VERIFY  
POVERTY APPLICATION DATA & TO INSPECT PROPERTY  
(2020 application)**

**PLEASE READ CAREFULLY:**

Parcel Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

I/We, \_\_\_\_\_, am unable to pay the full property taxes on my/our property and hereby make application for property tax relief in accordance with Section 211.7(u)MCL. I/We have read this application and the Poverty Exemption Guidelines and I/We fully understand the contents thereof. I/We declare that the statements made herein are complete, true, and correct to the best of my/our knowledge. I/We further understand that if any information contained herein is found to be false or incomplete, or if the property is sold within the year, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability.

I/We also authorize a representative of the Pittsfield Charter Township Assessing Staff to physically inspect my/our property at some point during the course of this year to ensure accuracy of the property appraisal record card.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER OWNERS: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

**PITTSFIELD CHARTER TOWNSHIP  
WAIVER OF CONFIDENTIALITY  
(2020 application)**

Parcel Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

I/we, \_\_\_\_\_, hereby consent to the examination of copies of my tax returns and related financial documents, including but not limited to those listed below, by the Pittsfield Charter Township Assessor and/or her designated agent and by the members of the Pittsfield Charter Township:

- Federal Income Tax Returns
- Michigan Income Tax Returns
- Senior Citizens Homestead Property Tax Form
- General Homestead Property Tax Claim Form
- Statements from Social Security Administration

Furthermore, I consent to the discussion of the information contained in my tax returns and related financial documents at a duly convened public meeting of the Pittsfield Charter Township Board of Review. By signing this Waiver of Confidentiality, I understand and acknowledge that I am forever giving up any and all possible claims I may have relative to the disclosure of information contained in said tax returns and related financial documents, which claims may arise pursuant to Internal Revenue Code Section 6103, and/or any other Federal, State or local statute or regulation.

I have read this document in its entirety and sign this document of my own free will.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_