

**CHARTER TOWNSHIP OF YPSILANTI**  
**PROPERTY TAX REDUCTION APPLICATION INSTRUCTIONS**  
**Per MCL 211.7u as Amended**

**In granting the poverty exemption, the Board of Review realizes that this represents a shift of that portion of the tax burden to the other taxpayers of the community and state.**

**Any relief granted is a reduction over and above the \$1500 maximum Homestead Credit granted by the State of Michigan.**

To be considered for a poverty exemption, the following information must be provided:

1. For a complete and legible application, all sections of the Application must be filled out. An incomplete Application will delay the process and possibly result in a Denial.
2. Please do not write in the margins of the application.
3. Please be sure to sign the Application on page 6. An application without a signature will not be taken to the Board for consideration.
4. A completed and signed copy of each of the following must be submitted:
  - Your most recent Michigan Homestead Property Tax Credit Claim (MI 1040 CR)
  - Your most recent Federal Income Tax Return (1040), if you are required to file federal income tax.
  - The Most Recent Federal Income Tax Return (1040) for all other occupants of your home.

Please do not submit original tax returns or supporting documentation, as we must keep all documents submitted.

5. If you have a **mortgage/ or home equity** loan on your property you must **provide a copy of your most recent statement(s)**. An exemption will not be granted for homes currently in the foreclosure process.
6. If the Principle residence has been purchased within three (3) years of application, attach documents used to qualify for the mortgage. If there is no mortgage, explain why funds were not set aside for taxes.
7. If an occupant of your home is not employed but has income from another source, you must include the income in “Annual Household Income” on page 2 of your application.
8. If you completed the section on page 4 of the application indicating you have had a major or unusual out-of-pocket expenses, you must provide copies of documents verifying these expenses. This does not include everyday living expenses.

9. The primary applicant may not own any other real estate. The Board of Review 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.
10. 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.
11. Please utilize page 5 to explain any additional information that you would like the Board to consider not specifically requested within the application.

*Supervisor*  
**BRENDA L. STUMBO**  
*Clerk*  
**KAREN LOVEJOY ROE**  
*Treasurer*  
**LARRY J. DOE**  
*Trustees*  
**STAN ELDRIDGE**  
**HEATHER ROE**  
**MONICA WILLIAMS**  
**JIMMIE WILSON JR.**



*Charter Township of Ypsilanti*

**Assessor's Office**

7200 S. Huron River Drive  
Ypsilanti, MI 48197  
Phone: (734) 487-4927  
Fax: (734) 484-5159

**Income Thresholds**

**2020**

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons
\$21,250	\$24,300	\$27,350	\$30,350	\$32,800	\$35,250	\$39,010

Find your household size; then find the annual income listed below it.

If the household income is more than that amount, you will not qualify for the poverty / hardship exemption.

These thresholds are authorized by local Resolution. These thresholds represent 30% of median income for the Ann Arbor area.

\*Updated by HUD 06/28/2019

**CHARTER TOWNSHIP of YPSILANTI  
APPLICATION FOR ONE YEAR PROPERTY TAX POVERTY REDUCTION**

**Per MCL 211.7u as Amended**

I, \_\_\_\_\_, Petitioner, being the owner and residing at the property that is listed below as my principle residence, apply for property tax relief under MCL 211.7U of the General Property Tax Act, Public Act 206 of 1893. The principle residence of persons who, in the judgment of the Township 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 per MCL 211.7u(1).

**In order to be 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.**

**GENERAL INFORMATION:**

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

NAME OF SPOUSE (if applicable): \_\_\_\_\_ AGE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

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

NUMBER OF LEGAL DEPENDENTS: \_\_\_\_\_ AGE OF DEPENDENTS: \_\_\_\_\_

HAVE YOU APPLIED FOR THE MICHIGAN HOMESTEAD TAX CREDIT (MI1040-CR)? ( ) YES ( ) NO

AMOUNT OF HOMESTEAD PROPERTY TAX CREDIT \_\_\_\_\_

**REAL ESTATE INFORMATION:**

PURCHASE DATE OF THE HOME: \_\_\_\_\_ PURCHASE PRICE: \_\_\_\_\_  
(if purchased in last 3 years)

IS THERE A MORTGAGE ON THE PROPERTY? ( ) YES ( ) NO

NAME OF MORTGAGE COMPANY: \_\_\_\_\_

UNPAID BALANCE OWED ON THE MORTGAGE: \_\_\_\_\_

MONTHLY MORTGAGE PAYMENT: \_\_\_\_\_

ARE THE PROPERTY TAXES ESCROWED (Included in the Payment)? ( ) YES ( ) NO

ARE THE PROPERTY TAXES CURRENT (Prior Years are Paid in Full)? ( ) YES ( ) NO

PLEASE LIST ALL IMPROVEMENTS, CHANGES OR ADDITIONS THAT HAVE BEEN MADE TO THE PROPERTY WITHIN THE LAST TWO YEARS:

\_\_\_\_\_  
\_\_\_\_\_

**INCOME INFORMATION:**

	APPLICANT		SPOUSE	
WERE YOU OR YOUR SPOUSE EMPLOYED LAST YEAR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU OR YOUR SPOUSE CURRENTLY EMPLOYED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS YOUR INCOME RECENTLY BEEN DISRUPTED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

LIST ALL PERSONS LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE (Attach an Additional Sheet if Needed):

NAME:				
RELATIONSHIP:				
AGE:				
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
OCCUPATION:				

PLEASE LIST THE ANNUAL HOUSEHOLD INCOME FROM EACH SOURCE:  
(This Includes Income for You and All Members of the Household)

ALL HOUSEHOLD W-2 INCOME:	\$
ALL 1099 INCOME:	\$
BUSINESS INCOME:	\$
SOCIAL SECURITY INCOME (SSI):	\$
UNEMPLOYMENT INCOME:	\$
RETIREMENT PENSION or ANNUITY BENEFITS:	\$
DISABILITY PAY (including Workers Comp):	\$
MILITARY PAY or BENEFITS:	\$
ADC, SFA, SDA, RAP/REP (attach a Copy of DSS Annual Statement):	\$
DEPARTMENT OF SOCIAL SERVICES: BRIDGE CARD:	\$
CHILD SUPPORT and/or ALIMONY SUPPORT:	\$
COLLEGE SCHOLARSHIPS, GRANTS AND OTHER FINANCIAL AID:	\$
FINANCIAL SUPPORT FROM FAMILY & FRIENDS OUTSIDE OF THE HOME:	\$
ALL OTHER INCOME (Both Taxable & Non-Taxable):	\$
<b>TOTAL PROJECTED HOUSEHOLD INCOME:</b>	<b>\$</b>

**ASSET INFORMATION:**

DO YOU HAVE ANY OWNERSHIP INTEREST IN ANY OTHER REAL ESTATE? ( ) YES ( ) NO

ADDRESS: \_\_\_\_\_  
 (Additional Information May be Requested by the Board for Other Real Estate.)

PLEASE LIST THE CURRENT VALUE FOR EACH ASSET:

CASH:	\$
CHECKING ACCOUNTS:	\$
SAVINGS ACCOUNTS:	\$
CERTIFICATES OF DEPOSIT:	\$
MONEY MARKET ACCOUNTS:	\$
STOCKS:	\$
BONDS:	\$
TREASURY BILLS:	\$
INSURANCE w/ CASH VALUE:	\$
MUTUAL FUND ACCOUNTS:	\$
IRA ACCOUNTS:	\$
KEOGH ANNUITIES:	\$
DEFERRED COMPENSATION:	\$
JEWELRY and/or GEMS:	\$
RARE COINS:	\$
ANTIQUE CARS:	\$
ANY OTHER COLLECTION:	\$
ANY OTHER ASSET:	\$

PLEASE LIST THE CURRENT VALUE FOR ALL HOUSEHOLD VEHICLES:  
 (This includes Cars, Trucks, Trailers, Tractors & Boats)

MAKE:			
MODEL:			
YEAR:			
LEASED OR OWNED:			
MONTHLY PAYMENT:			
BALANCE OWED:			

**EXPENSE INFORMATION**

PLEASE LIST THE EXPECTED MONTHLY HOUSEHOLD EXPENSE FOR EACH ITEM:

MORTGAGE:	\$
SECOND MORTGAGE:	\$
HEATING:	\$
ELECTRIC:	\$
WATER:	\$
PHONE:	\$
CABLE:	\$
INSURANCE:	\$
TRANSPORTATION:	\$
DAYCARE:	\$
MEDICAL:	\$
OTHER:	\$
OTHER:	\$
OTHER:	\$
OTHER:	\$
TOTAL PROJECTED MONTHLY EXPENSES:	\$

HAVE YOU HAD ANY UNUSUAL OR EXTRAORDINARY EXPENSES IN THE PAST 12 MONTHS: ( ) YES ( ) NO  
IF YES, PLEASE EXPLAIN AND PROVIDE THE TYPE AND AMOUNT OF THE EXPENSE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU HAD ANY EXTRAORDINARY MEDICAL EXPENSES IN THE PAST 12 MONTHS: ( ) YES ( ) NO  
IF YES, PLEASE EXPLAIN AND PROVIDE THE AMOUNT OF THE EXPENSE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THERE ANY OTHER INFORMATION THAT YOU WOULD LIKE TO DISCLOSE TO THE BOARD OF REVIEW FOR  
CONSIDERATION? ( ) YES ( ) NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
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**SIGNATURE PAGE**

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED WITHIN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

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

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

**Notice:** Any willful misstatements or misrepresentations made on this form may constitute perjury, which, under the law, is a felony punishable by fine or imprisonment.

**Notice:** Per MCL 211.7u(2b), a copy of all household members federal income tax returns, state income tax returns (MI-1040) and Homestead Property Tax Credit claims (MI-1040CR 1,2,3,4) must be attached as proof of income. Documentation for all income sources including, but not limited to credits, claims, Social Security income, child support, alimony income, and all other income sources must be provided at time of application.

**IF PREPARED BY SOMEONE OTHER THAN THE APPLICANT**

**NAME OF PREPARER:** \_\_\_\_\_

**PHONE NUMBER FOR PREPARER:** \_\_\_\_\_

**SIGNATURE OF PREPARER:** \_\_\_\_\_

**Notice:** 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 the Michigan Tax Tribunal within 30 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](mailto:taxtrib@michigan.gov)**