

**THIS INFORMATION IS SUBJECT TO  
FREEDOM OF INFORMATION ACT**

TAX YEAR \_\_\_\_\_

PARCEL ID# \_\_\_\_\_

## **CITY OF SAGINAW ONE-YEAR POVERTY EXEMPTION APPLICATION**

I, \_\_\_\_\_, Petitioner, being the owner and residing at the property that is listed below as my principal residence, apply for property tax relief under MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893. The principal residence of persons who, in the judgment of the township supervisor or city assessor and board of review, by reason of poverty are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation per MCL 211.7u(1).

**In order 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.**

**PERSONAL INFORMATION:** Petitioner must list all required personal information.

Property Address of Principal Residence:		Daytime Phone Number:	
Age of Petitioner:	Marital Status:	Age of Spouse:	
Number of Household Members:	Age of Dependents:		
Applied for Homestead Property Tax Credit?    Y    N (circle one)	Amount of Homestead Property Tax Credit:		
Are you Disabled?            Y    N (circle one)	Are you Qualified for Disability Benefits?    Y    N (circle one)		
Are your Property Taxes Delinquent?            Y    N (circle one)			
If yes, What Years:	Balance Owing:	Have you made Payment Arrangements?	Y    N (circle one)

**REAL ESTATE INFORMATION:** List the real estate information related to your principal residence. Be prepared to provide a deed, land contract or other evidence of ownership of the property at the BOR meeting.

Purchase Date:	Is there a Balance on Mortgage or Land Contract?    Y    N (circle one)	
Unpaid Balance Owed:	Monthly Payment:	Length of Time at This Residence:

**ADDITIONAL PROPERTY INFORMATION:** List information related to any other property you, or any household member owns.

Do you own, or are buying, other property? If yes, complete the information below.		Amount of Income Earned from Other Property:	
Property Address	Name of Owner(s)	Assessed Value	Amount & Date of Last Taxes Paid
		\$	
		\$	

**EMPLOYMENT INFORMATION:** List your current employment information.

Are you Currently Employed?    Y    N (circle one)	
If yes, Name of Employer:	Name of Contact Person:
Address of Employer:	Employer Phone Number:
If no, Name of Previous Employer:	End Date:

List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRA's (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuit, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income.

Name of Recipient	Source of Income	Annual Income

**CHECKING, SAVINGS AND INVESTMENT INFORMATION:** List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments.

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment

**LIST ALL PERSONS LIVING IN HOUSEHOLD:** All persons residing in the residence must be listed.

First & Last Name	Age	Relationship to Applicant	Place of Employment	Amount of Monetary Contribution to Family Income

**PERSONAL DEBT:** All personal debt for all household members must be listed.

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balanced Owed

**PERSONAL DEBT (CONT):**

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balanced Owed

**MONTHLY EXPENSE INFORMATION:**

Heating:	Electric:	Water:
Phone:	Cable:	Food:
Clothing:	Health Insurance:	Daycare:
Car Expense (gas, repair, etc):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):

*Notice:* Any willful misstatement 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 returns (MI-1040) and Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3 or 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.

I, the undersigned Petitioner, hereby declare that the foregoing information is complete and true and that neither I, nor any household member residing within the principal residency, have money, income or property other than mentioned herein.

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Date

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Printed Name:

My Commission Expires: \_\_\_\_\_

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

Board of Review  
c/o Assessor's Office  
City of Saginaw  
1315 S. Washington Avenue  
Saginaw, MI 48601