CHARTER TOWNSHIP OF LANSING

POVERTY EXEMPTION AFFIDAVIT

I, as my principal residence, app 206 of 1893. The principal r charges is eligible for exemption	oly for property tax relief un esidence of persons who, b	nder MCL 2 by reason of	11.7u of the Gen	eral Prope	perty that is listed below rty Tax Act, Public Act ribute toward the public
In order to be considered coregarding all members residenthe application. Please write	ling within the household,	and 3) incl	ude all required	entirety, I documei	2) include information itation as listed within
PERSONAL INFORMATIO	N. Patitionar must list all r	easired person	and information		
Property Address of Principal Res			Phone Number:		
Age of Petitioner:		Marital S	atus:	Age	of Spouse:
Number of Legal Dependents:		Age of D	ependents:	I	
Applied for Homestead Property	Γax Credit (yes or no):	Amount	f Homestead Propo	erty Tax Cr	edit:
REAL ESTATE INFORMA' provide a deed, land contract of Property Parcel Code Number:	FION: List the real estate in the real estate in the revidence of ownerships.	ip of the pro	elated to your printerty at the Board Mortgage Company	d of Revie	dence. Be prepared to w meeting.
Unpaid Balance Owed on Princip	al Residence:	Monthly	Payment:	Length of	Time at This Residence:
Property Description:					
ADDITIONAL PROPERTY residing in the household owns	INFORMATION: List inf	formation rel	ited to any other	property y	ou, or any member
Do you own, or are buying, other information below.	property (yes or no)? If yes, co	omplete the	Amount of Incom	ne Earned f	rom Other Property:
Property Address	Name of Owner(s	5)	Assessed Valu	ie An	nount & Date of Last Taxes Paid
			\$		
			\$		

EMPLOYMENT INFORMA	IION: List your	curre						
Name of Employer:			1	Name of Contact Person:				
							•	
Address of Employer:					Employer Phone Number:			
			- 					
List all income sources, inclu	iding but not lir	nitec	d to: sala	ries. S	Social S	Security, rents.	pensions.	IRA's (individual
retirement accounts), unemploy								
claims and judgments from law								
source of income, for all person					,	,		
		^						
Source	ce of Income					Monthly or Annu	ial Income (indicate which)
								•
			· · ·					
								······
CHECKING, SAVINGS ANI) INVESTMEN	T IN	IFORMA	TION	! List	any and all say	ings owne	d by all household
members, including but not l								
certificates of deposit, cash, stoo								
Name of Financial Institution	, conds, or sim	iiiai .	Curre		an pers	ons residing at	ine propert	Value of
or Investments	Amount on Denc	Amount on Deposit Interest Ra					ınt	Investment
	1 miount on Bope			.,,,,,,,				mvostmom
						· · · · · · · · · · · · · · · · · · ·		
	· 		****		· · · · · · · · · · · · · · · · · · ·		··	
LIFE INSURANCE: List all p	olicies held by al	ll hoi	usehold m	nember	· c			
	mount of Policy		Ionthly		y Paid	1		Relationship to
Name of Insured	• 1		ayment			•		Insured
	***************************************							Ansarou
				ļ				
MOTOR VEHICLE INFORM	IATION: All me	otor	vehicles (includ	ing mot	orcycles, motor	homes, car	mper trailers, etc.)
held or owned by any person re-	siding within the	hous	ehold mu	st be li	sted.	•	·	•
	· · · · · · · · · · · · · · · · · · · 							
Make Year			Monthly Payment		Ва	Balance Owed		
<u> </u>	4							

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	Balance Owed
O. Danioi	7 4. 2000 01 2001	2337 01 2001	3		

MONTHLY EXPENSE INFORMATION: The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.

Electric:	Water:	
Cable:	Food:	
Heath Insurance:	Garbage:	ļ
Car Expense (gas, repair, etc):	Other (list type):	
Other (list type):	Other (list type):	
Other (list type):	Other (list type):	
Other (list type):	Other (list type):	
	Cable: Heath Insurance: Car Expense (gas, repair, etc): Other (list type): Other (list type):	Cable: Food: Heath Insurance: Garbage: Car Expense (gas, repair, etc): Other (list type): Other (list type): Other (list type):

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 or 4) must be attached as proof of income or a signed Form 4988, Poverty Exemption Affidavit. 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.

Petitioners: Do not sign this application until witnessed by the Supervisor, Assessor, Board of Review or Notary Public. (Must be signed by either the Supervisor, Assessor, Board of Review Member or Notary Public)

STATE OF MICHIGAN COUNTY OF			
I, the undersigned Petitioner, here household member residing within	eby declare that the foregoing in the principal residency, have	nformation is complete and money, income or property	true and that neither I, nor any other than mentioned herein.
	Petitioner Signature		Date
Subscribed and sworn this	day of	, 2011	
Assessor Signature:		Printed Name:	
BOR Member Signature:		Printed Name:	
Notary Signature:		Printed Name:	
My Commission Expires:			
This application shall be filed after the address below.	Board of Review c/o Assessor Charter Township 3209 W Michigan Lansing, MI 4891	of Lansing Avenue	December Board of Review to

DECISIONS OF THE MARCH BOARD OF REVIEW MAY BE APPEALED BY PETITION 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 BY PETITION WITHIN 35 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE PETITION.

Michigan Tax Tribunal PO Box 30232 Lansing, MI 48909 Phone: 517-373-4400

E-mail: taxtrib@michigan.gov

Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

INSTRUCTIONS: When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

l,	, swear and affirm by my signature below that I
• •	ne subject of this Application for Poverty Exemption and that g tax year, I was not required to file a federal or state income
Address of Principal Residence:	
Signature of Perso	king Affidavit Date

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