

**CITY OF NOVI
2018
APPLICATION FOR POVERTY EXEMPTION**

**IMPORTANT
YOU MUST SUBMIT THE FOLLOWING WITH THIS APPLICATION**

A: The 2016 and 2017 Federal and State Income Tax Returns for ALL persons residing at the homestead, including any property tax credit returns or refunds.

B: A copy of a deed, land contract or other evidence of ownership of the property for which an exemption is requested. (First time applicants or if a change in ownership has occurred)

- 1) Petitioner's Name: _____ Phone: _____ Birth Date: _____
- 2) Address for which exemption is being sought: _____
- 3) Parcel/ Tax Number(s): _____ Principal Resident Exemption? Yes__ No__
- 4) Have you sought an exemption on this property before? Yes____ (if yes, when)_____ No____
- 5) Are you (and/or spouse) the sole owners of the property listed in question #2? Yes____ No____
5a) If #5 is No, who (shares/or) has ownership of this property: _____
5b) if you answered #5a, what is their relationship to you? _____
- 6) Is the address shown in #2 your full time residence: Yes____ No _____ (if no, complete 6a)
6a) Current Address: _____

- 7) When was the property in question #2 purchased ? _____ Sale Price: _____
- 8) Does this property have a mortgage/land contract? Yes____ (if yes, complete 8a-b-c) No____
8a) Current unpaid balance \$ _____ 8b) Projected pay-off date: _____
8c) Monthly payment is: \$ _____ with taxes _____ without taxes _____
- 9) Do you anticipate selling the property listed in question #2 within the year? Yes ____ No _____
- 10) Do you plan to apply or execute a Reverse Mortgage within the next year? Yes ____ No _____
- 11) List all real estate owned by you or your spouse (in whole or in partnership) _____

FAMILY INFORMATION

12) Marital Status: (check one) Married How Long _____
 Divorced How Long _____
 Widow/Widower How Long _____
 Separated How Long _____
 Single How Long _____

13) Employment Status:
 Employed Full-time Disabled - How Long _____
 Employed Part-time Retired - How Long _____
 Unemployed - How Long _____ Other _____

14) Occupation: _____ Employer: _____

Employers Address: _____

15) Describe any Disability or Health Problems (self):

16) Spouse's Name: _____ Age _____

17) Employment Status:
 Employed Full-time Disabled - How Long _____
 Employed Part-time Retired - How Long _____
 Unemployed - How Long _____ Other _____

18) Occupation: _____ Employer: _____

Employers Address: _____

19) Describe any Disability or Health Problems (spouse):

20) How many people reside at the residence listed in question #2? _____

Provide the following information for EACH individual living in the residence.

Name	Age	Relationship	W2 Last Year	Weekly Income
A) _____			\$ _____	\$ _____
B) _____			\$ _____	\$ _____
C) _____			\$ _____	\$ _____
D) _____			\$ _____	\$ _____

Attach additional sheet if needed

INCOME AND ASSETS-PLEASE ATTACH COPIES OF CURRENT INFORMATON

Provide ALL asset information for EACH person listed in question #20 and residing at the property.

ASSET ITEMS-Total Amount	Person A	Person B	Person C	Person D
Cash & Checking Accounts	\$ _____	\$ _____	\$ _____	\$ _____
Savings Accts & Certificates	\$ _____	\$ _____	\$ _____	\$ _____
IRA	\$ _____	\$ _____	\$ _____	\$ _____
Stocks/Bonds /Investments	\$ _____	\$ _____	\$ _____	\$ _____
Insurance Policy	\$ _____	\$ _____	\$ _____	\$ _____
Annuity Value	\$ _____	\$ _____	\$ _____	\$ _____
Trust Value	\$ _____	\$ _____	\$ _____	\$ _____
Deferred Compensation	\$ _____	\$ _____	\$ _____	\$ _____

INCOME ITEMS – Monthly Amount

Interest/Dividend Income	\$ _____	\$ _____	\$ _____	\$ _____
Trust Income	\$ _____	\$ _____	\$ _____	\$ _____
Wages/Tips/Commissions	\$ _____	\$ _____	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Income	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Res. Minor	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Welfare/ADC	\$ _____	\$ _____	\$ _____	\$ _____
Alimony/child support	\$ _____	\$ _____	\$ _____	\$ _____
Lottery/Contests/Raffle	\$ _____	\$ _____	\$ _____	\$ _____
Reverse Mortgage Income	\$ _____	\$ _____	\$ _____	\$ _____
Annuity Income	\$ _____	\$ _____	\$ _____	\$ _____
Medical Disability Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Insurance/Lawsuit Payout	\$ _____	\$ _____	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

Supplemental Assistance – Monthly Amounts

Food Stamps/Bridge Card \$ _____ \$ _____ \$ _____ \$ _____
 Utilities-Heat/Elect. \$ _____ \$ _____ \$ _____ \$ _____
 Transportation \$ _____ \$ _____ \$ _____ \$ _____

Owned, Financed, or Leased Vehicles

Make _____
 Year _____

Are major changes anticipated in your future income or the income of any other person residing at the property? Yes _____ No _____ if yes explain in detail:

Does anyone contribute to your support or the support of this property and is not living at the property?

Yes _____ No _____ if yes, that person is; _____

Their relationship; _____

The amount and frequency of the support payment \$ _____ Weekly _____ Monthly _____

EXPENSES- Dollar amounts shown for each source for the property listed in question #2.

PLEASE INCLUDE COPIES OF CURRENT BILLS.

	MONTHLY	OR	YEARLY
House Loan Payments	\$ _____		\$ _____
Association/ Condo Fees	\$ _____		\$ _____
Lawn mowing/Snow Removal	\$ _____		\$ _____
Homeowner Insurance	\$ _____		\$ _____
Utilities: Gas	\$ _____		\$ _____
Electric	\$ _____		\$ _____
Water	\$ _____		\$ _____
Telephone	\$ _____		\$ _____
Cell Phone	\$ _____		\$ _____
Cable/Internet access	\$ _____		\$ _____
Garbage	\$ _____		\$ _____

Auto: Loan/Lease Payment	\$ _____	\$ _____
Gasoline	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Auto Insurance	\$ _____	\$ _____
Health: Medicines	\$ _____	\$ _____
Therapy	\$ _____	\$ _____
Doctors	\$ _____	\$ _____
Other: Credit Cards	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____
Food	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Do you or any other person residing at the property have any major or unusual expenses? Yes___ No___

If yes, please explain in detail:

I (we) feel that the payment of the full property taxes on this homestead will place an unreasonable burden on my (our) personal finances and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I (we) have read this application and fully understand the contents thereof. I (we) also understand that any relief granted by this application is for **THE CURRENT YEAR ONLY**.

I declare, under penalty of perjury, that the information in this application and attachments is true and complete to the best of my information, knowledge and belief.

Name (print) _____

Applicant Signature (s) _____

Name (print) _____

Applicant Signature (s) _____

Date: _____

This application must be completely filled out and returned to the City Of Novi Assessing Office prior to the Board of Review meeting for complete consideration.

Sec. 2-193.2 Eligibility requirements for poverty exemption.

- (1) Be an owner of and occupy as a homestead the property for which an exemption is requested.
- (2) Complete, sign, date and file an application provided by the city assessor for poverty exemption with the City of Novi Board of Review.
- (3) Submit the following with the application for poverty exemption
 - a. The federal and state income tax returns for all persons residing in the homestead, including any property tax credit returns, filed in the immediately preceding year, or in the current year; and
 - b. A copy of a deed, land contract or other evidence of ownership of the property for which an exemption is requested.
- (4) Produce a valid driver's license or other form of identification if requested to do so by the city assessor or the board of review.
- (5) Have a total household income for the prior calendar year, for all persons who reside in the homestead property for which a poverty exemption is sought, that does not exceed the Federal Poverty Guidelines updated annually in the Federal Register by the United States Department of Health and Human Services.
- (6) The application shall be filed after January 1, but before the day prior to the last day of the board of review.

Sec. 2-193.3 Income defined.

Income shall include, but not limited to, the following:

- (1) Gross wages and salaries, including those amounts deferred as pre-tax deductions under applicable federal statutes.
- (2) 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.
- (3) Net receipts from farm self-employment. These are receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses.
- (4) Any payments from social security, railroad retirements, unemployment compensation, strike benefits from union funds, workers compensation, veterans payments, public assistance (including aid to families with dependent children, supplemental security income, emergency assistance money payments and non-federally funded general assistance or general relief money payments).
- (5) Alimony, child support and military family allotments or other regular support from an absent family member or someone not living in the household.
- (6) Private pensions, government employee pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments.
- (7) College or university scholarships, grants, fellowships and assistantships.
- (8) Dividends, interest, net rental income, net royalties, periodic receipts, or payments of any kind from estate or trusts, and net gambling or lottery winnings.
- (9) Payments made by any entity to a third party on behalf, or for the benefit, of the person(s) in the household.

- (10) Money received from the sale of property, including, but not limited to stocks, bonds, real property, and vehicles.

Sec. 2-193.4 Board of Review may require claimant's presence.

The board of review may consider a poverty exemption application without the claimant being present. However, the board may require that any or all claimants be physically present at a meeting of the board of review to respond to any questions of the board of review.

(Ord. No-95-156, Pt. 1, 3-6-95)

Sec. 2-193.5 Additional factors for granting an exemption.

- (a) If the board of review determines a person to be eligible under section 2-193.2, the ability to obtain the exemption shall be determined by the board of review on the basis of whether the person's principal residence has a state equalized value that does not exceed the citywide average of homestead state equalized values as calculated by the city assessor. If the person's residence exceeds the citywide homestead state equalized value average an exemption will not be granted.
- (b) In cases where the person is determined to be ineligible under section 2-193.2 or subsection (a) above, the board of review may consider extreme extenuating circumstances, e.g. severe illness or temporary present year loss of income, as a basis for waiving the requirements of either of the sections and in order to grant a poverty exemption.

(Ord. No. 95-156, Pt. 1, 3-6-95; Ord. No 95-156.01, Pt 1, 3-9-95; Ord No. 03-156.02, Pt. 1, 3-03-03)

Sec. 2-193.6. Guidelines to be uniformly applied; exceptions.

The board of review shall uniformly apply the provisions of this Ordinance No. 95-156, as amended, to each applicant for a poverty exemption, unless the board of review determines there are substantial and compelling reasons why there should be a deviation from the provisions of the Ordinance No. 95-156, as amended. In such event, the substantial and compelling reasons for deviation from the provisions of this Ordinance No. 95-156, as amended, shall be communicated in writing to the poverty exemption claimant.

(Ord. No. 95-156, Pt 1, 3-6-95; Ord. No. 03-156.02, Pt 1, 3-03-03)

Secs. 2-194—2-200. Reserved.

**2018
FEDERAL POVERTY GUIDELINES**

Size of Family Unit	Poverty Guidelines	City of Novi 2 x Federal Guidelines
1	\$12,060	\$24,120
2	\$16,240	\$32,480
3	\$20,420	\$40,840
4	\$24,600	\$49,200
5	\$28,780	\$57,560
6	\$32,960	\$65,920
7	\$37,140	\$74,280
8	\$41,320	\$82,640
For each additional person	\$4,180	\$8,360