

CITY OF SOUTH HAVEN  
APPLICATION FOR PROPERTY TAX POVERTY EXEMPTION

The Board of Review is allowed to take action on Poverty Exemption Applications during the March Board of Review appeal hearings, or during the July Board of Review (the Tuesday following the third Monday in July), or the December Board of Review, (the Tuesday following the second Monday in December.)

I, \_\_\_\_\_, being the owner and principal resident of the homestead property listed and described below hereby apply for property tax relief pursuant to the provisions of MCL 211.7u of the General Property Tax Act.

Property Tax Code No.: \_\_\_\_\_

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

Property Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Telephone #: Home: \_\_\_\_\_ Cell# \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of Spouse, if Applicable \_\_\_\_\_

Total # of household members: \_\_\_\_\_

Name and relationship to you of each and every member of your household:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOMESTEAD PROPERTY TAX CREDIT**

Have you applied for Homestead Property Tax Credit? \_\_\_\_\_

Refund Amount? \_\_\_\_\_ (If so, attach a copy of MI-1040CR)

**PROPERTY INFORMATION:**

Is your home paid for? \_\_\_\_\_ If not, name of lender: \_\_\_\_\_

Balance owed: \_\_\_\_\_ How long have you lived at this residence? \_\_\_\_\_

Do you own, or are you buying or have an interest in, any other real property?

<u>Property Address</u>	<u>Owner</u>	<u>Assessed Value</u>	<u>Amount and Date of Taxes Paid</u>
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_____	_____	_____	_____
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_____	_____	_____	_____
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Income received from other real property: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Name and address of employer of head of household: \_\_\_\_\_

How long employed there: \_\_\_\_\_ Job Title: \_\_\_\_\_

**HOUSEHOLD INCOME INFORMATION**

List all household income from all sources for each member of the household:

<u>Household Member</u>	<u>Source of Income</u>	<u>Amount of Periodic or Annual Income</u>
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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**HOUSEHOLD ASSET INFORMATION**

Saving and Investments

Name of Institution or Investment   Amount of Deposit or Value   Name of Owner of Investment

_____	_____	_____
_____	_____	_____
_____	_____	_____

**MOTOR VEHICLES IN THE HOUSEHOLD**

Make      Year      Owned By      Used For      Paid off or Balance Owed

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LIFE INSURANCE**

Insured Person      Insurance Company      Face Amount      Cash Value      Beneficiary

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**OTHER HOUSEHOLD ASSETS**

List and describe and state the value of all other assets which are not listed above which are owned or controlled by you or any member of your household. (Such as, but not limited to: jewelry, coins, precious metals, collectibles, antiques not used as household furnishings, and other similar possessions which are not essential to your subsistence, health, or wellbeing.)

\_\_\_\_\_

\_\_\_\_\_

Attach a copy of your most recent state and federal income tax return forms.

