OFFICE USE ONLY (Date Stamp)

City of South Lyon

2025 Poverty/Hardship Exemption Application

	OFFICE USE ONLY
NAME:	PARCEL NUMBER:

CITY OF SOUTH LYON BOARD OF REVIEW

City of South Lyon Board Policy for Applicants Requesting Consideration Under SECTION 211.7u of the GENERAL PROPERTY TAX ACT OF 1893: THE MICHIGAN HOMESTEAD POVERTY EXEMPTION.

To be eligible, a person shall do all of the following on an annual basis:

POVERTY APPLICATION CHECK LIST

Applications may be filed w/ this office beginning January 1, but in no event later than the day prior to the last day of the Board of review

Applicants must submit most recent year's copies of the following for all persons residing in the homestead:

- Completed Signed Poverty Exemption Application
- Federal Income Tax Return − 1040 or 1040A for all persons residing in the home. (Please include supporting documents i.e. W-2 Forms, 1099 Forms)
- o State of Michigan Income Tax Returns for all persons residing in the home.
- o MI-1040-CR.
- If applicant did not file Michigan State Income Tax Return, they MUST provide an annual statement of benefits paid from the Social Security Administration or Michigan Department of Social Services and must sign State of Michigan Form 4988 Poverty Exemption Affidavit (attached).
- W-2 Forms (Do not need if on Social Security)
- The applicant must supply a copy of current driver's license or other form of valid identification.

^{*} All requested information must be included with Poverty Exemption Application. Without the above information the Board will not consider your application.

2025 Federal Poverty Guidelines

To Be Used For 2025 Exemptions

US Department of Health and Human Services STC Bulletin 17 of 2024

Size of Family	Poverty Income	Asset Limits (2x
Unit	Guidelines	Income Limits)
1	\$15,060	\$30,120
2	\$20,440	\$40,880
3	\$25,820	\$51,640
4	\$31,200	\$62,400
5	\$36,580	\$73,160
6	\$41,960	\$83,920
7	\$47,340	\$94,680
8	\$52,720	\$105,440
For Each		
Additional		
Person	\$5,380	\$10,760

Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

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.

Petitioner's Name:		mer mast nst		onal informatio			
Petitioner's Name:			Daytime Phone Number:				
Age of Petitioner:	Marital Status:		Age of Spouse:	Num	ber of Legal D	ependents:	
Property Address of Prince	cipal Residence:		City:		State:	ZIP Code:	
Check if applied fo	r Homestead Property Tax Cr	edit	Amount of Homestead Property Tax Credit:				
	TE INFORMATION: Li						
Property Parcel Code Nu			Name of Mortgage	e Company:		7'	
Unpaid Balance Owed or	Principal Residence:	Monthly P	ayment:	Leng	gth of Time at	this Residence:	
PART 3: ADDITION							
	AT PROPERTY INFORM	MATION: L	ist information re	lated to any of	her property	owned by you or any	
☐ Check if you ov	AL PROPERTY INFORM household. vn, or are buying, other propertion below			•		owned by you or any	
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					Name on Account			Value of Investment
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						Name of	Paraficiany	Dalationship t
Alnount	01 Poncy					Name of	Вепенсіагу	Relationship to Insured
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						-		
					ng mot	orcycles, mo	tor homes, ca	amper trailers, etc.)
**************************************		Year	<u> </u>		Monthly Payment		Ba	alance Owed
	S: List all incurrent unemploynuits, alimonat the proper ource of Incontract of Incontract in Incontract in Incontract all policity and Incontract in Incont	S: List all income sour unemployment compuits, alimony, child su at the property. Durce of Income HGS AND INVESTM ted to: checking account estments, for all person account estments. Amount of Policy INFORMATION: A	C: List all income sources, include unemployment compensation, suits, alimony, child support, frie at the property. FORMATION: All motor visiding within the household must appear to the composit of the com	City: S: List all income sources, including be unemployment compensation, disabilities, alimony, child support, friend or at the property. FORMATION: All motor vehicles isiding within the household must be listed in the property. CITY: City: City: City: City: City: City: Example: Amount of policy in the property of the property. CITY: City: City: Example: Amount of policy in the property of the property. CITY: CITY:	Employer To St. List all income sources, including but not lim unemployment compensation, disability, gover uits, alimony, child support, friend or family co at the property. Durce of Income GGS AND INVESTMENT INFORMATION: ted to: checking accounts, savings accounts, pos- vestments, for all persons residing at the proper Investments Amount of Deposit Current Interest Rate List all policies held by all household members Amount of Policy Monthly Policy P Payments Ful INFORMATION: All motor vehicles (includi- siding within the household must be listed.	Employer Telephone S: List all income sources, including but not limited to: unemployment compensation, disability, government uits, alimony, child support, friend or family contributed at the property. PAGS AND INVESTMENT INFORMATION: List are ted to: checking accounts, savings accounts, postal savivestments, for all persons residing at the property. Investments Amount of Deposit Current Interest Rate List all policies held by all household members. Amount of Policy Monthly Policy Paid in Full INFORMATION: All motor vehicles (including motosiding within the household must be listed.	Employer Telephone Number: S: List all income sources, including but not limited to: salaries, Socument pensions, would salimony, child support, friend or family contribution, reverse reat the property. Fource of Income Month Month	Employer Telephone Number: State: ZIP Employer Telephone Number: Employer Telephone Number: State: ZIP Employer Telephone Number: Employer Telephone Number: State: ZIP Employer Telephone Number: State: ZIP Monthly or Annur (indicate wh. State: ZIP Monthly or Annur Name on Account Interest Rate Amount of Policy Monthly Policy Paid in Name of Beneficiary Payments Full INFORMATION: All motor vehicles (including motorcycles, motor homes, casiding within the household must be listed.

First and Last Name		Age	Relationship Applicant	to	Place of E	nployment	\$ Con	tribution to Family Income
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PART 10: PERSONAL DEBT: L	ist all persor	al debt for al	l household mei	mbers.				
Creditor	Purpo	se of Debt	Date of Debt	Origi	nal Balance	Monthly Pa	yment	Balance Owed
								
					,			:
				-				
PART 11: MONTHLY EXPENS category must be listed. Indicate No			e amount of mor	nthly ex	xpenses rela	ed to the prin	icipal re	esidence for each
Heating	Electric		Water			Phone		
Cable	Food		Clothing			Health Insu	irance	
Garbage	Day	care			Car	Expenses (gas	, repair,	etc.)
Other (type and amount)	Othe	er (type and am	ount)		Oth	er (type and an	nount)	
Other (type and amount) Other (type a			ount)		Oth	Other (type and amount)		

NOTICE: Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 12: POLICY AND GUIDELINES ACKNOWLEDGMENT:

The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.

e and I am eligible for
Date

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760

E-mail: taxtrib@michigan.gov

Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION — Enter information for	or the person owning ar	nd occupying the	residence.			
Owner Name		Owner Telephone Num	nber			
A 4 4	Low		L Talbo L			
Mailing Address	City	Sta	te ZIP Code			
PART 2: LEGAL DESIGNEE INFORMATION (Complete	if applicable)					
Legal Designee Name	п аррисавіс.)	Daytime Telephone Nu	ımber			
			,			
Mailing Address	City	Sta	te ZIP Code			
PART 3: HOMESTEAD PROPERTY INFORMATION — City or Township (check the appropriate box and enter name)	Enter information for prop	erty in which the ex County	emption is being claimed.			
		County				
Name of Local School District						
Parcel Identification Number	Year(s) Exemption Previousl	v Granted by Board of Re	eview			
Tarest Mentineation Hamber	rear(o) Exemplion revious	y Claimed by Board of the				
Homestead Property Address	City	Sta	ite ZIP Code			
PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANC	Y, AND INCOME STAT	US (Check all bo	xes that apply.)			
I own the property in which the exemption is being	claimed.					
The property in which the exemption is being claim	ed is used as my home	stead Homestea	d is generally defined			
as any dwelling with its land and buildings where a		stead, Homestea	a is generally defined			
	,					
After establishing initial eligibility for the exemption,	my income and asset s	status has remain	ed unchanged and/or			
I receive a fixed income solely from public assistance						
rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits.						
DADT E CERTIFICATION						
PART 5: CERTIFICATION						
I hereby certify to the best of my knowledge that the info						
an exemption from property taxes by reason of poverty p	oursuant to Michigan Co	ompiled Law, Sec	tion 211.7u.			
Owner or Legal Designee Name (print) Signature of	of Owner or Legal Designee		Date			
Designed must attack a latter of sutherity						
Designee must attach a letter of authority.						
LOCAL GOVERNMENT USE ON	L Y (DO NOT WRITE BI					
Approved Denied (Attach appeal instructions and	d provide to owner.)	Tax Year(s) exempt	ion will be posted to tax roll			
CERTIFICATION — I certify that, to the best of my kno	wledge, the information	n contained in thi	s form is complete and			
accurate.						
Assessor Signature		Date Certified by Asse	essor			

Michigan	Department	of	Treasury	
4988 (05-	12)			

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.

I,	, swear and affirm by	my signature below that I
reside in the principal residence that is the subject	ct of this Application for F	overty Exemption and that
for the current tax year and the preceding tax yea	r, I was not required to fil	e a federal or state income
tax return.		
Address of Principal Residence:		
Signature of Person Making Affid	avit	Date

Michigan Department of Treasury
4988 (05-12)

Poverty Exemption Affidavit

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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.

I,reside in the principal residence that is the sub	, swear and affirm by my signature below that tof this Application for Poverty Exemption and tha		
for the current tax year and the preceding tax y tax return.	ear, I was not required to file a federal or state income		
Address of Principal Residence:	·		
Signature of Person Making A	ffida v it Date		

RESOLUTION NO. 01-24

CITY OF SOUTH LYON OAKLAND COUNTY, MICHIGAN

RESOLUTION ESTABLISHING POLICIES AND GUIDELINES FOR GRANTING POVERTY EXEMPTION FROM PAYMENT OF PROPERTY TAXES

WHEREAS, the adoption of guidelines for poverty exemptions is required of the City Council; and

WHEREAS, the principal residence of person, who the Board of Review determines by reason of poverty to be unable to contribute to the public charge, is eligible for exemption in whole or in part from taxation under Public Act 253 of 2020 (MCL.211.7u): and

WHEREAS, pursuant to Public Act 253 of 2020, the City of South Lyon, Oakland County, adopts the following policies and guidelines for the Board of Review to implement. The policies and guidelines shall be applied to the information provided in a Michigan Department of Treasury Form 5737, application for MCL.211.7u poverty exemption, which application includes, but is not limited to, the disclosure of the specific income and asset levels of the claimant and all persons residing in the household, including any property tax credit returns filed in the current or immediately preceding year;

AND WHEREAS, P.A 253 of 2020 also amended section 7u of Act No. 206 of Public Act of 1893, as amended by Act. No. 313 of the Public Acts of 1993, being section 211.7u of the Michigan Compiled Laws and required the use of state prescribed forms and limited to certain percentages the exemption amount which could be granted.

WHEREAS, to be eligible, a person shall do all the following on an annual basis:

- 1. Be the "sole" owner(s) of and occupy, as a principal residence, the property for which an exemption is requested
- 2. The subject property must be classified as an "improved single family residential" or "residential condominium" property with a valid Homeowner's Principal Residence Exmption currently in effect.
- 3. File the Michigan Department of Treasury Form 5737, application for MCL.211.7u Poverty Exemption with the Board of Review by returning it to the City Assessor's office, accompanied by all documents required by the form including Form 5739, Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty. If the applicant or the other household members have not filed tax returns, a Form 4988- Poverty Exemption Affidavit and a statement from the Social Security Administration and/or Michigan Social Services as to monies paid to applicant(s) during the previous year must be completed and submitted. Disabled applicants may call the Assessor's office to make arrangements for assistance with filing the application.

- 4. File an application reporting that the assets of all persons in the household do not exceed two times the federal poverty income guidelines amount for the affective household size. Assets generally include: all other real estate, motor vehicles, recreational vehicles and equipment, insurance, retirement funds, trust assets, checking accounts, savings accounts, certificates of deposit, cash, stocks, bonds, time share units, artworks, antiques, coins, precious metals or stones, jewelry, guns, equipment, tax refunds, gifts, loans, other investments, or personal property value.
- 5. Applicants must meet the federal poverty income guidelines as defined and determined annually by the United States Department of Health and Human Services established by the State Tax Commission to be updated annually. All applicants must own and occupy the property as a homestead on the property for which the exemption is being requested. All applicants may be asked to verify ownership of the property and provide personal identification upon request of the Board of Review.
- 6. Produce a valid driver's license or other form of identification, if requested.
- 7. Produce, if requested, a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
- 8. All property taxes must be paid and current.
- 9. The application for an exemption shall be filed after January 1, and at least one day prior to the last day of the Board of Review. The filing of the application constitutes an appearance before the Board of Review for the purpose of preserving the right of appeal to the Michigan Tax Tribunal.
- 10. Applicants need not appear before the Board of Review, but are encouraged to do so to be available to provide further information or clarification to the Board of Review. Applicants who do not initially appear may be required to appear at the Board of Review to respond to questions. Applicants should understand that the failure to appear at the Board of Review, if requested by the Board of Review may result in denial of the application. If the applicant is disabled, alternate procedures may be allowed pursuant to the city's obligation in the application of the Americans with Disabilities Act.
- 11. The Board of Review shall in no instance require an applicant to have less household income than the applicable poverty income level for the household.
- 12. The Board of Review may award full and/or partial exemptions as permitted under law

WHEREAS, the federal poverty income guidelines are updated annually by the United States Department of Health and Human Services, and the annual allowable income guidelines include income for all persons residing in the principal residence.

NOW, THEREOFRE, BE IT HEREBY RESOLVED that the Board of Review shall follow the above stated policies guidelines in granting or denying an exemption. The same standards shall apply to each taxpayer within the city claiming the poverty exemption for the assessment year.

BE IT FURTHER RESOLVED that in order to ease the burden of taxpayers, the assessor and the Board of Review and to ensure that all taxpayers have an equal opportunity to be heard by the Board of Review, the City of South Lyon hereby resolves, according to provisions of MCL.211.30(8) of the General Property Tax Act, that the Board of Review shall receive letters of protest regarding assessments from resident taxpayers from the first Tuesday in March until it adjourns from the public hearings for which it meets to hear such protests. All notice of assessment change and all advertisements of the Board of Review meetings are to include a statement that the resident taxpayers may protest by letter to the Board, be it further resolved that this resolution is hereby given immediate effect and will stay in effect for subsequent years until amended or voided.

Upon roll call vote, the following voted:

"Aye": 7 "Nay": ______

The City Clerk declared the resolution 01-24 passed/failed

Lisa Deaton, Clerk

Palus 9/10/24