

CHARTER TOWNSHIP OF CALUMET

HOUGHTON COUNTY 25880 Red Jacket Road Calumet Michigan 49913

RESOLUTION 21-08 Resolution for Poverty Exemption ADOPTED NOVEMBER 19, 2021

WHEREAS, the adoption of guideline for poverty exemptions is required of the Township Board and

WHEREAS, the principal residence of persons, who the Supervisor/Assessor and 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 390 of 29294 (MCL 211.7u); and

WHEREAS, pursuant to PA 390 of 1994, the *Charter Township of Calumet, Houghton County* adopts the following guidelines for the Board of Review to implement. The guidelines shall include but not be limited to 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 p[receding year; To be eligible, a person shall do all the following on an annual basis.

- 1) Be owner of and occupy as a principal residence the property for which an exemption is requested.
- 2) File a claim with the supervisor/assessor or Board of review, accompanied by federal and state income tax returns, including property tax credit returns filed in the immediately preceding year of in the current year or signed state tax commission for 4988, Poverty Exemption Affidavit.
- 3) File a claim reporting that the combined assets of all persons do not exceed the current guidelines. Assets include but not limited to, real estate other than the principal residence, personal property, motor vehicles, recreational vehicles and equipment, certificates of deposit, savings accounts, stocks, bonds, life insurance, retirement funds, etc.
- 4) Produce a valid driver's license or other form of identification if requested.
- 5) Produce if requested a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
- 6) Meet the federal poverty income guidelines as defined and determined annually by the United States Department of Health and Human Services or alternative guidelines adopted by the governing body providing the alternative guidelines do not provide eligibility requirements less than the federal guidelines.
- 7) The application for an exemption shall be filed after January 1, but one day prior to the last day of the December Board of Review. The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the fight of appeal to the Michigan Tax Tribunal



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Income Test (Cont.)

Total Annual Household Income shall be based on Federal Poverty Income Guidelines and will be adjusted annually to agree to the federally established amount.

Potential income and asset sources are (non-inclusive):

Income from all sources
Salaries & wages before deductions Net
receipts from self-employment Veteran
payments
Royalties
Unemployment compensation
Workers' compensation Alimony
General assistance
Social Security Cash
Checking & savings accounts
Money market accounts Assets in
trust accounts

Interest and dividends Pensions
Supplemental Security Income Net
rental income Scholarships &
grants Insurance
Retirement accounts
Child support
IRA/Keogh annuities
New or reverse mortgages
Stocks & bonds Investments
Gifts
Deferred compensation

Asset Test:

- 1. Things of value that a person can own and are exempt from consideration in determining eligibility for a poverty exemption.
 - a. Applicant's principal residence
 - b. One motor vehicle per working adult
 - c. Essential household goods
 - d. Personal assets of any nature with a total value up to \$15,000.
- 2. Things of value that the Board of Review can consider in determining what percent exemption to grant:
 - a. Real estate other than the principal residence
 - b. Personal property
 - c. Motor vehicles in excess of one per working adult
 - d. Recreational vehicles and equipment
 - e. Certificate of deposits, savings accounts, checking accounts, stocks, bonds, life insurance, and retirement funds, etc.
- 3. The Board of Review shall consider the value of the assets, or indebtedness otherwise owned by the applicant. Assets (except those exempt from consideration as listed above), shall not exceed \$15,000.

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.

PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information.								
Petitioner's Name					Daytime Phone Number			
Age of Pelitioner Marital Status			Age of Spouse		Number of Legal Dependents			
Property Addr	ess of Principal Residence	City	lity			ZIP Code		
Che	ck if applied for Ho	Amount of Homestead Property Tax Credit						
PART 2: REAL ESTATE INFORMATION								
	eal estate information of the			idence. Be prepared iew meeting.	to provide	a de	ed, land	d contract or other
Property Parce	el Code Number	Name of Mortgage Company						
Unpaid Balance Owed on Principal Residence Monthly Payment			Monthly Payment	Length of Time at this Residence				псе
Property Desc	ription				<u></u>			
PART 3: ADDITIONAL PROPERTY INFORMATION								
List inform	nation related to an	y other pro	perty owned by you	ı or any member resid	ding in the	hou	sehold.	
		cked, complete the	cked, complete the Amount of Income Earned from other Property			m other Property		
information below.								
Proper	ty Address			City	.,		State	ZIP Code
Name of Owner(s)				Assessed Value	Date of Last Taxes Paid		Paid	Amount of Taxes Paid
Proper	ty Address	******		City	1		State	ZIP Code
2 Name	Name of Owner(s)			Assessed Value	Date of Last Taxes Paid		Paid	Amount of Taxes Paid
1					l		- 1	

PART 9: HOUSEHOLD O	CCUPANTS -	- List	all po	ersons li	iving i	n the housel	nold.				
First and Last Name				Relationship Age to Applicant		Pla	ace of	Employment	\$ Contribution to Family Income		
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PART 10: PERSONAL DE	BT — List all	perso	nal d	lebt for a	l all hoi	usehold merr	 nbers	•			
					te					D-1 Owed	
Creditor	Purpose	or Dea)t	of De)Dt	Originai ba	llanc	e Moru	inly Payment	Balance Owed	
	<u> </u>										
											
								†			
											
							-	+			
PART 11: MONTHLY EXP	ENSE INFOR	MATI	ON								
The amount of monthly exnecessary.	xpenses relat	ed to t	the p	rincipal	resid	ence for eac	:h cat	egory	must be listed	I. Indicate N/A as	
Heating Electric			Water								
Cable Food					Clothing			Health Insurance			
Garbage Da			Daycare				T	Car Expense (gas, repair, etc.)			
Other (type and amount) Oth			Other (type and amount)				+	Other (type and amount)			
Other (type and amount) Other			er (type and amount)			1	Other (type and amount)				

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

This form is issued under the authority of Public Act 253 of 2026.

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	r the person owning a	nd occupying t	he resid	lence.			
Owner Name	Owner Telephone Number						
Mailing Address	City		State	ZIP Code			
Thomas y nations	City		State	Zir Code			
PART 2: LEGAL DESIGNEE INFORMATION (Complete	if applicable.)			<u> </u>			
Legal Designee Name		Daytime Telephone Number					
		<u> </u>		·			
Mailing Address	City		State	ZIP Code			
PART 3: HOMESTEAD PROPERTY INFORMATION —	Inter information for prop	arty in which the	evemnt	ion is being claimed			
City or Township (check the appropriate box and enter name)	inter information for prop	County					
City Township Village							
Name of Local School District		I					
The state of Education District							
Parcel Identification Number	Year(s) Exemption Previously Granted by Board of Review						
Homestead Property Address	City		State	ZIP Code			
PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANCY	AND INCOME STAT	US (Check all	hoves t	l hat annly)			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oo (oncon an	20,00	inac appriyi)			
I own the property in which the exemption is being c	aimed.						
The property in which the exemption is being claime		stead. Homest	ead is g	jenerally defined			
as any dwelling with its land and buildings where a family makes its home.							
After establishing initial eligibility for the exemption, r	ny income and asset s	tatus has rem	ained ur	nchanged and/or			
I receive a fixed income solely from public assistance	that is not subject to s	ignificant annu	al incre	ases beyond the			
rate of inflation, such as federal Supplemental Secur	ity Income or Social Se	ecurity disabilit	y or reti	rement benefits.			
PART 5: CERTIFICATION							
I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive							
an exemption from property taxes by reason of poverty pursuant to Michigan Compiled Law, Section 211.7u.							
Owner or Legal Designee Name (print) Signature of	Owner or Legal Designee		Da	le			
Designee must attach a letter of authority.							
LOCAL GOVERNMENT USE ONL'	(IDO NOT WRITE BE	LOW THIS LII	VE)				
Approved Denied (Attach appeal instructions and provide to owner.)							
CERTIFICATION — I certify that, to the best of my knowledge, the information contained in this form is complete and							
accurate.							
Assessor Signature		Date Certified by Assessor					

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

!	, swear and affirm by my signature below that I
reside in the principal residence that is the su	bject of this Application for Poverty Exemption and that year, I was not required to file a federal or state income
Address of Principal Residence:	
Signature of Person Making A	Affidavit Date



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Poverty Exemption Asset Test:

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