



730 W. Dryden Road
 Metamora, MI 48455
 Phone: 810-678-2237 Fax 810-678-3209

Poverty Tax Exemption Application

The undersigned property owner and resident of *Metamora Township*: hereby applies for a poverty exemption in whole or in part from property taxation on the applicant's homestead or qualified agricultural property.

Name of applicant(s): _____

Parcel Number: _____

Property Address: _____

Phone () _____ Marital status: _____

Age of applicant: _____ Age of spouse: _____

Number of dependents: _____ Age of dependents: _____

Have you applied for Homestead Property Tax Credit this year? _____

How much was your Property Tax Credit? _____

REAL ESTATE:

Is home paid for? _____ Unpaid balance \$ _____

Name of Mortgage Company _____ Monthly Payment \$ _____

How long have you lived at this residence? _____

Do you own, or are you buying, any other property? _____

If so, list below:

Property Address	Name of Owner	Assessed Value
_____	_____	\$ _____
_____	_____	\$ _____

Income earned from above property \$ _____

Name of Employer _____

Address _____

Phone number () _____

List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, governmental pensions, workers' compensation, dividends, claims and judgements from lawsuits, alimony, child support and any other source.

Household Income Declaration

<u>Source</u>	Amount per Month	Amount per Year
Wages/Salaries/Tips	\$ _____	\$ _____
Social Security/SSI	\$ _____	\$ _____
Pension or Retirement	\$ _____	\$ _____
Interest and/or Dividends	\$ _____	\$ _____
Rent/Business or Royalty Income	\$ _____	\$ _____
Disability Payments	\$ _____	\$ _____
ADC	\$ _____	\$ _____
General Assistance	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Income of Other Members of Household	\$ _____	\$ _____
Other Source of Income	\$ _____	\$ _____
 TOTAL INCOME	 \$ _____	 \$ _____

Savings and Investments: List all savings owned by you or your spouse, including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investment.

Name of Financial Institution or investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Life Insurance: List all policies held by you and your spouse.

Insurance	Amount of Policy	Paid Up Policy	Name of Beneficiary	Relationship to Insured
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Motor Vehicles in Household:

Make	Year	Monthly Payment	Balance Owed
_____	_____	_____	_____
_____	_____	_____	_____

List All Persons living in the household:

Last Name	First Name	Age	Relationship to Claimant	Place of Employment	Contribution to Family Income

Personal Debts:

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

Monthly Expenses:

House payment	\$ _____	Alimony/support	\$ _____
Property Taxes	\$ _____	Auto Loan	\$ _____
Utilities:		Food/Household	\$ _____
Electricity	\$ _____	Clothing	\$ _____
Heat	\$ _____	Laundry	\$ _____
Water/sewer	\$ _____	Medical	\$ _____
Telephone	\$ _____	Transportation	\$ _____
Cable TV	\$ _____	Recreation	\$ _____
Other	\$ _____	Education	\$ _____
Home maintenance	\$ _____	Child Care	\$ _____
Income Taxes	\$ _____	School Supplies	\$ _____
Insurance		School Lunches	\$ _____
Health	\$ _____	Newspaper	\$ _____
Life	\$ _____	Hair Care	\$ _____
Auto	\$ _____	Dental	\$ _____
Home	\$ _____	Dues	\$ _____
Other	\$ _____	Charity	\$ _____
		Other (please list)	
		_____	\$ _____
		_____	\$ _____

Other Assets: List all other assets and their values that are owned or controlled by you. (For example, boats, livestock, antiques, etc.)

Type of Asset	Value	Income Derived from assets	Owner

