

**City of Frankenmuth  
POVERTY EXEMPTION APPLICATION**



I, \_\_\_\_\_, being the owner and resident of the property listed below, desire to apply for tax relief under Section 7u of the Michigan General Property Tax Act. (The real and personal property of persons, who, in the judgment of the Assessor and the Board of Review, by reason of poverty, are unable to contribute toward the public charges, maybe exempt or partially exempt from taxation under this Act.)

**Property Description**

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Parcel Number: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Age of Applicant: \_\_\_\_\_

Marital Status:  Married  Single  Separated  Divorced  Widow  Widower

Did you apply for a Homestead Property Tax Credit?  Yes  No How much was it? \$\_\_\_\_\_

Are you the sole owner of the property being claimed?  Yes  No If no, please list all the owners and addressed titled on the parcel

Names: \_\_\_\_\_

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

City, State, ZIP \_\_\_\_\_

**Real Estate**

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Is your home paid in full?  Yes  No If not, what is the unpaid balance? \$\_\_\_\_\_

Name of Mortgage Company: \_\_\_\_\_

Monthly Payments: \$\_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

Do you own, or are you buying, any other property? If so, list below:

Property Address	Title Holder of Property	Assessed Value	Amount & Date of Last Taxes Paid

Income from property: \_\_\_\_\_

**Additional Information**

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Employer: \_\_\_\_\_

List all income from salaries, social security, rents, pension, unemployment compensation, disability, government pensions, dividends, workmen’s compensation, union claims and lawsuits, alimony, child support or any other source.

Source of Income	Monthly Amount

Bank Accounts and Savings: List all bank accounts owned by your or your spouse. Also list all savings certificates, postal savings and cash in deposit box, on hand, or on deposit in credit unions.

Name of Institution	Name on Account	Amount on Deposit	Amount and Date

List all stocks, bonds, mortgages or land contracts owned by you or your spouse.

Insured	Face Amt. of Policy	Monthly Payment	Paid Up Policies	Name of Beneficiary	Relationship of Beneficiary

Motor vehicles in household:

Make	Year	Monthly Payment	Balance

List below all persons living with you:

Name	Age	Relationship	Are they Working?	How much money do they contribute?

Personal Debts: What do you owe?

To Whom	For What	Date of Debt	Original Amount	Monthly Payment	Balance

Other Debts: List all other monthly obligations.

To Whom	Amount	To Whom	Amount

Asset Listing: List all other assets owned or controlled by you and their value. For example: Boats, coin collections, art objects, antiques, silver, gold, etc.

Type of Asset	Value	Owner

Is there any further information you wish to add? \_\_\_\_\_  
 \_\_\_\_\_

NOTICE: Any willful misstatements or misrepresentations made on this form may constitute perjury, which, under the law, is a felony punishable by fine or imprisonment.

NOTICE: A copy of your latest Federal Income Tax Return, State Income Tax Return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040 CR-1, 2, 3 or 4) must be attached as proof of income.

**DO NOT SIGN UNTIL WITNESSED BY THE ASSESSOR OR BOARD OF REVIEW.**

STATE OF MICHIGAN  
 COUNTY OF \_\_\_\_\_

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than that mentioned herein.

\_\_\_\_\_  
 Petitioner's Signature

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Assessing Officer or Member, Board of Review or Notary Public

**This application must be returned to the Assessor or the Board of Review .**

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**FOR BOARD OF REVIEW USE ONLY**

Disposition by Board of Review

Date: \_\_\_\_\_

- Denied
- Reduce to \$ \_\_\_\_\_

Board of Review

Assessor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

## **Instruction for Applicant Requesting Consideration for a Poverty Exemption**

1. Applicants must obtain the proper applications from the Assessor's Office. Handicapped or infirmed applicants may call the Assessor's Office to make necessary arrangements for assistance.
2. Applicants annual household income shall not exceed the Federal Poverty Income thresholds as defined and determined annually by the U.S. Department of Commerce.
3. Applicants must be owners of the property and reside therein.
  - a. Must produce a driver's license or other acceptable methods of identification.
  - b. Must produce a deed, land contract or other evidence of ownership if Assessor requests it.
4. Applicants must fill out the application form in its entirety and return it, in person, to the City Assessor's Office at 240 W. Genesee, Michigan, 48734 except as noted in Item 1 above.
  - a. Application must not be signed until it is returned.
  - b. Application must be witnessed by the Assessing Officer or Board of Review member.
5. All applicants must submit last year's copies of the following:
  - a. Federal Income Tax Return – 1040 or 1040A
  - b. State Income Tax Return – MI-1040
  - c. Homestead Property Tax Claim – MI-1040CR
6. Applications must be filed with the Assessor between February 1 and the close of the Board of Review.
7. Applications may be reviewed by the Board without the applicant being present. However, the Board may request that an applicant be physically present to respond to any questions the Board of Assessor may have. This means that you may be called in to appear on short notice.
8. You may have to answer questions regarding your financial affairs, your health or the status of people living in your home before the Board at a meeting which is open to and will be attended by the public.
9. Applicants appearing before the Board will be administered an oath as follows:

“Do you \_\_\_\_\_ swear and affirm that the evidence and testimony you will give in your own behalf before the Board of Review is the truth, the whole truth, and nothing but the truth, so help you.”

Applicant responds, “I do” or “I will”.
10. The Assessor must agree to the Board's decision in regards to the disposition of all individual poverty claims or the decision is null and void.
11. Applicants will be evaluated based on:
  - a. Data submitted to the Board by the petitioner.

- c. Testimony taken from petitioner and information gathered from any source the Board may wish to use.
- 12. The Board will also consider all revenue and non-revenue producing assets owned by the petitioner in its deliberations as to whether relief should be granted.
- 13. The Board may grant property tax relief based on poverty annually.
- 14. A successful applicant may be subject to personal investigation by the City. This would be done to verify information submitted or statements made to the Assessor or Board of Review in regard to their poverty tax exemption claim.

Deliver your application to:

John P. Deterding, Assessor  
City of Frankenmuth  
240 W. Genesee  
Frankenmuth, Michigan 48734

If you need help or have questions, please call (989) 652-9901.