

TOWNSHIP OF LAPEER

POVERTY TAX EXEMPTION APPLICATION

The undersigned property owner and resident of Lapeer 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): _____

Property ID 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 on your income tax 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 another property? _____

If so, list below:

PROPERTY ADDRESS	NAME OF OWNER	ASSESSED VALUE
		\$
		\$
		\$

Income earned from above property: \$ _____

Name of Employer: _____

Employers Address: _____

Employers Phone Number: (____) _____

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

SOURCE OF INCOME	ANNUAL INCOME
	\$
	\$
	\$

SAVINGS AND INVESTMENTS:

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

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.

INSURED	AMOUNT OF POLICY	MONTHLY PAYMENT	NAME OF BENEFICIARY	RELATIONSHIP TO INSURED

MOTOR VEHICLES IN HOUSEHOLD: *(attach additional pages if needed)*

MAKE	YEAR	MONTHLY PAYMENT	BALANCE OWED

LIST ALL PERSONS LIVING IN THE HOUSEHOLD: *(attach additional pages if needed)*

LAST NAME, FIRST NAME	AGE	RELATIONSHIP TO CLAIMANT	PLACE OF EMPLOYMENT	CONTRIBUTION TO FAMILY INCOME

PERSONAL DEBTS: *(attach additional pages if needed)*

CREDITOR	PURPOSE OF DEBT	DATE OF DEBT	ORGINIAL BALANCE	MONTHLY PAYMENT	BALANCE OWED

MONTHLY EXPENSES:

Utilities: \$ _____ Food: \$ _____ Phone: \$ _____
 Clothing: \$ _____ Heat: \$ _____ Car Expense: \$ _____
 Other: *(specify)* \$ _____

OTHER ASSETS: *(attach additional pages if needed)*

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 ASSET(s)	OWNER OF ASSET

NOTICE: A copy of your latest federal income tax return, state income tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1,2,3 or 4) must be attached as proof of income for each person residing in your home.

STATE OF MICHIGAN)
COUNTY OF LAPEER)

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 stated herein.

Applicant's Signature Date

Co-Applicant's Signature Date

Subscribed and sworn this _____ day of _____, 20_____

Signature of Township official or Notary Public

****BOARD OF REVIEW DECISIONS MAY BE APPEALED TO THE MICHIGAN TAX TRIBUNAL**