Watertown Township 2025 Income and Asset Guidelines for Poverty Exemption

Overview: Section 211.7u of the Michigan General Property Tax Act provides for a property tax exemption, in whole or part, for the principal residence of persons who, by reason of poverty, are unable to contribute to the public charges.

Watertown Township Board of Trustees adopts a policy which includes an asset and income test. The Board of Review shall follow the policy of the local assessing unit in granting or denying an exemption. If a person meets all eligibility requirements, then the Board of Review shall grant a full exemption equal to a 100% reduction in taxable value or a partial exemption equal to a 25%, 50%, or 75% reduction in taxable value.

A taxpayer who files for a poverty exemption at the March Board of Review is not prohibited from also filing an appeal on the assessment and/or taxable value at the March Board of Review. A taxpayer may also file a poverty exemption with the July or December Boards of Review. A taxpayer may appeal a poverty exemption denial to the Michigan Tax Tribunal.

Requirements to apply for Poverty:

- 1. The applicant must own and occupy as their principal residence the property for which the exemption is being claimed. The property cannot be owned by a business entity.
- 2. The applicant must file a **fully complete** application which includes Forms 5737 and 5739 and **all required and requested tax returns and documentation** see attached list.
- 3. The applicant must meet the "Income Guidelines" which are the federal poverty guidelines updated annually by the United States Department of Health and Human Services.
- 4. The applicant must meet the "Asset Guidelines" as approved by the Watertown Township Board of Trustees.

The Applicant, or a personal representative, is asked to attend the meeting to appeal their case to the Board of Review. Phone interviews can be scheduled.

Income Guidelines:

The income guidelines shall include, but are not limited to, the specific income for the person claiming the exemption and should also include anyone else who is residing there. Meeting the income level of the Township policy does NOT guarantee the approval of a poverty exemption. Both income and assets are reviewed by the Board of Review in the decision-making process.

The applicant must meet the income eligibility guidelines as defined and determined by Public Act 390 of 1994. These guidelines are adjusted annually as established by said Act. Following are the federal standards as of January 07, 2025 for household income deemed to be at the poverty threshold. For use in setting poverty exemption guidelines for 2025 assessments. In order to qualify for tax relief, the applicant's household income from all sources must be at or below the following amounts:

Size of Family Unit	Poverty Guidelines					
1	\$15,060					
2	\$20,440					
3	\$25,820					
4	\$31,200					
5	\$36,580					
6	\$41,960					
7	\$47,340					
8	\$52,720					

For each additional person add \$5,380

> Meeting the income levels above, but failing the asset portion of the exemption, will result in a denial of the poverty exemption.

Income includes:

- Money, wages, salaries before deductions, and regular contributions from persons not living in the residence
- Net receipts from non-farm and farm self-employment (receipts from a person's own business, professional enterprise, or partnership, after business expense deductions)
- Regular payments from social security, railroad retirement, unemployment, worker's compensation, veteran's payments, public assistance, and supplemental security income (SSI)
- Alimony, child support, military family allotments
- Private and governmental retirement and disability pensions, regular insurance, annuity payments
- College or university scholarships, grants, fellowships, and assistantships
- Dividends, interest, and net income from rentals, royalties, estates, trusts, gambling or lottery winnings

Asset Guidelines Used in the Determination of Poverty Exemptions for 2025

As required by PA 390 of 1994, all guidelines for poverty exemptions as established by the governing body of the local assessing unit SHALL include an asset level test. The purpose of an asset test is to determine the resources available: Cash, fixed assets or other property that could be converted to cash and used to pay property taxes in the year the poverty exemption is filed. The value of the principal residence is not included in the asset test.

The following asset test shall apply to all applications for poverty exemption:

- The applicant's household shall not have "liquid" (cash) assets in excess of \$7,500, AND
- The applicant's household shall not have total assets (cash and non-cash assets see list below) in excess of \$20,000.

Household assets greater than what is stated above will result in a denial of the poverty exemption, even if the applicant meets the Income Guideline. The Board of Review may deny any application if the assets are not properly identified.

Cash and other non-cash assets considered may include but are not limited to:

- Bank Accounts
- Stocks and bonds, pensions, IRAs and other investment accounts
- Withdrawals of bank deposits and borrowed money
- Gifts, loans, lump-sum inheritances and one-time insurance payments
- Money received from the sale of property such as stocks, bonds, a house or a car (unless a person is in the specific business of selling such property)
- Second home, rental property, or building/property other than the residence
- Excess or vacant land
- Extraordinary automobiles
- Recreational vehicles such as campers, motor-homes, boats and ATV's
- Equipment or other personal property of value
- Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms

Applicants are asked to provide completed checklist with their completed application:

- Please submit copies only, not originals. Anything submitted will not be returned.
- If one of the items below does not apply, please write "N/A" (not applicable) to indicate the applicant does not have anything to provide for that item.
- This checklist must be returned with the application forms.

0	W-2 or 1099, or any final value statement used for income taxes for all income sources for the past year.
0	Copy of both Federal and State income tax returns.
0	If any of the applicants are not required to file a Federal or State Income Tax return, Form 4988, Poverty Exemption Affidavit (attached) must be provided for ALL persons that are not required to file income tax.
0	Receipts of current bills that you list on the application, including any bills that may be overdue.
0	Any delinquent tax bills.
0	Most recent mortgage verification showing balance of loan plus principal and interest payment amounts.
0	Bank and/or credit union monthly statements for the prior 12 months (as of the date of application) of ALL checking and savings accounts.
0	Most recent statement from SSI or any other form of government assistance (e.g. bridge card, FIA, ect) if applicant or anyone in the household is receiving benefits.
0	Copy of driver's license or State ID of anyone listed on the property as having ownership.
0	Any stock and bond statements.
0	Child Support payment statement.
0	Alimony payment statement
0	State of Michigan car registration for all vehicles.
0	List of regular contributions OR gifts OR loans from persons not living in the residence (in the last 24 months).
0	List of money received from the sale of property such as stocks, bonds, a house, or a car (in the last 24 months).
0	List and current value of other property currently owned by applicant (includes but not limited to vacant land, second home, rental property, building/property other than the residence)

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.

PA	RT 1: PERSONAL INFOR	RMATION -	— Petitioner must I	ist all required persor	nal informa	ation			
PART 1: PERSONAL INFORMATION — Petitioner must list all required personal Petitioner's Name			Daytime Phone Number						
	(Dub)	T******							
Age	of Petitioner	Marital Status	5	Age of Spouse		l Dependents			
Prop	erty Address of Principal Residence	-		City	J	State	ZIP Code		
	Check if applied for Hor	mestead P	roperty Tax Credit	Amount of Homestead Property Tax Credit					
PAI	RT 2: REAL ESTATE INF	ORMATIO	N	1					
evi	t the real estate information	on related to property a	to your principal res at the Board of Rev	sidence. Be prepared iew meeting.	to provide	a deed, lar	nd contract or other		
Prope	erty Parcel Code Number			Name of Mortgage Compan	у				
Unpa	id Balance Owed on Principal Resid	ence	Monthly Payment	Length of Time at this Residence					
Prope	erty Description		<u> </u>						
PAF	RT 3: ADDITIONAL PROF	PERTY INF	ORMATION		***************************************	****			
List	information related to any	y other pro	perty owned by you	u or any member resi	ding in the	household			
	Check if you own, or are information below.	buying, o	ther property. If che	ecked, complete the	Amount of Ir	ncome Earned fr	om other Property		
Vac	Property Address			City	J	State	ZIP Code		
1	Name of Owner(s)			Assessed Value	Date of Last	Taxes Paid	Amount of Taxes Paid		
202	Property Address	-		City		State	ZIP Code		
2	Name of Owner(s)			Assessed Value	Date of Last	Taxes Paid	Amount of Taxes Paid		
							1		

PART 4: EMPLOYMENT I	NFORMAT	ION —	- List your cu	urrent employ	/ment in	formation.		
Address of Employer				City			State	ZIP Code
Contact Person				Employer Tel	ephone Nu	imber .		
PART 5: INCOME SOURCE	CES							
List all income sources, in accounts), unemployment judgments from lawsuits, income, for all persons re	compensat alimony, ch	ion, di ild sup	sability, gove port, friend	ernment pens	sions, wo	orker's compensati	on, div	idends, claims an
	Source	of Inc	come				y or Ar (indicate	nual Income
PART 6: CHECKING, SA						- management of the state of th		
List any and all savings accounts, postal savings, persons residing at the pr	credit union	all hou n shar	usehold men es, certificat	nbers, includ es of deposit	ling but , cash, :	not limited to: che stocks, bonds, or s	ecking similar i	nvestments, for a
Name of Financial Institution or Investments			mount Deposit	Current Interest Rat	e	Name on Account		Value of Investment
				<u> </u>	<u> </u>			
PART 7: LIFE INSURANCE			Description of the last			ers.		T=
Name of Insured	Amount of Monthly Policy Paid in Policy Payments Full		Name of Beneficiary		Relationship t Insured			
PART 8: MOTOR VEHIC	LE INFORM	IATIO	N					
All motor vehicles (include within the household must	ding motoro			es, camper t	railers,	etc.) held or owne	ed by a	ny person residir
	-				550000			
Make		_	Yea	r	Mon	nthly Payment	E	Balance Owed
		-						

PART 9: HOUSEHOLD OC	CUPANTS	6 — List all p	ersons	living	in the housel	nold.			
, First and Last Name		Age		Relationship to Applicant		Plac	Place of Employment		\$ Contribution to Family Income
*									

					Trible Co.				
	***			-		-			
				<u> </u>					
PART 10: PERSONAL DEE	BT — List a	ill personal o	ebt for	all ho	usehold mem	bers.		· · · · · · · · · · · · · · · · · · ·	The state of the s
Creditor	Purpose	of Debt	Da of D		Original Ba	lance	Mon	thly Daymont	Balance Owed
			010	ODI	Original Ba	idifoe	IVIOII	uny Fayinein	Balaffee Owed
	***************************************						-		
	 								
PART 11: MONTHLY EXPE	NSE INFO	RMATION							
The amount of monthly exp necessary.	enses rela	ated to the p	rincipal	resid	ence for eac	h cate	gory	must be listed	. Indicate N/A as
Heating	Electric			Water			Phone		
Cable	Food			Clothing			Health Insurance		
Garbage		Daycare				Ca	r Expen	se (gas, repair, etc.)	
Other (type and amount)									
		Other (type and	30-37			Other (type and amount)			
Other (type and amount) Ot		Other (type and	Other (type and amount)			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 11: POLICY AND GUIDELINES ACKNOW	WLEDGMENT				
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.					
The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.					
PART 12: CERTIFICATION					
I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.					
Printed Name	Signature	Date			

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

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 inform	ation for the person own	ning and occupying	the reci	Idonos
Owner Name		Owner Telepho	ne Number	derice.
Mailing Address				
Maling Address	City		State	ZIP Code
PART 2: LEGAL DESIGNEE INFORMATION (Cor	nplete if applicable.)			
Legal Designee Name		Daytime Teleph	one Number	
Mailing Address				
Maining Address	City		State	ZIP Code
PART 3: HOMESTEAD PROPERTY INFORMATIO	N Enter information for	or property in which fl	an ovemn	tion is being all in the
The second secon		County	ie exemp	tion is being claimed.
City Township Village				
Name of Local School District				
Parcel Identification Number	Year(s) Exemption Pr	reviously Granted by Board	of Review	
Homestead Property Address				
Tiomestead Froperty Address	City		State	ZIP Code
PART 4: AFFIRMATION OF OWNERSHIP, OCCUP	DANCY AND INCOME	CTATUO (C)	<u> </u>	
	ANOT, AND INCOME	STATUS (Check a	I boxes t	that apply.)
I own the property in which the exemption is b	eing claimed			
The property in which the exemption is being as any dwelling with its land and buildings when the extra the stablishing initial eligibility for the exemption of the exemption is being of the exemption of the exemption of the exemption is being of the exemption	otion, my income and as	ome. sset status has ren	nained ur	nchanged and/or
PART 5: CERTIFICATION				
I hereby certify to the best of my knowledge that the an exemption from property taxes by reason of pove Owner or Legal Designee Name (print)	information provided of erty pursuant to Michiga ature of Owner or Legal Designee	in Compiled Law, S	Section 2	.11.7u.
	==9=: 2 001g1100	•	Da	ite
Designee must attach a letter of authority.				
LOCAL GOVERNMENT USE	ONLY (DO NOT WRIT	E RELOW THIS LI	MEY	
Approved Denied (Attach appeal instruction		Tax Year(s) exer	mption will	be posted to tax roll
CERTIFICATION — I certify that, to the best of my accurate.	knowledge, the information	ation contained in	this form	is complete and
ssessor Signature		Date Certified by A	ssessor	

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.

reside in the principal residence that is the subject of this Application for the current tax year and the preceding tax year, I was not require tax return.	m by my signature below that I n for Poverty Exemption and that d to file a federal or state income
Address of Principal Residence:	
Signature of Person Making Affidavit	- ————————————————————————————————————