

**DAVISON TOWNSHIP**  
**GUIDELINES FOR APPLICANTS REQUESTING**  
**CONSIDERATION FOR POVERTY EXEMPTIONS**  
**2021**

1. All applicants must obtain the proper application from the Assessing Department. No one will be reduced to a zero assessment. Additionally, the Board of Review will consider all revenue and non-revenue producing assets during its deliberation as to whether relief shall be granted.
2. Applicants must meet the federal poverty income guidelines determined annually by the U.S. Department of Health and Human Services:

<b>Poverty Income Eligibility Guidelines</b>	
1	\$ 12,760
2	\$ 17,240
3	\$ 21,720
4	\$ 26,200
5	\$ 30,680
6	\$ 35,160
7	\$ 39,640
8	\$ 44,120
For each additional person	\$4,480

3. All applicants must own and occupy as their principal residence the property in which they are requesting exemption. These applicants must produce a driver’s license or other acceptable identification and must produce a deed, land contract, or other evidence of property ownership if requested by the Board of Review.
4. All applicants must fill out the “Davison Township Poverty Exemption Application” form in its entirety and submit it to the Board of Review. The applicant’s signature must be notarized.
5. Applications may be reviewed by the Board of Review without the applicant being present. However, the Board of Review may request that any or all applicants be physically present to respond to any questions the Board may have.
6. The applicant may have to answer questions regarding financial affairs, health, the status of the people living in his/her home, before an opening meeting, of the Board of Review.
7. All applicants will be evaluated based on data submitted to the Board of Review by petitioner and testimony taken from the petitioner and information gathered from any source the Board may wish to use.
8. Any successful applicant may be subject to investigation of their financial and property records by the Township. This would be done to verify information submitted or statements made to the Board of Review.
9. Eligible applicants must have total assets at or below the asset limit of **\$1,000 per person** in the household. (Total assets **exclude** the principal residence for which the poverty exemption is being applied and one primary vehicle).

## DAVISON TOWNSHIP POVERTY EXEMPTION APPLICATION

I, \_\_\_\_\_, Applicant, being the owner and residing at the property that is listed below, as my principal residence, apply for property tax relief under MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893. The principal residence of persons who, in the judgment of the township supervisor or city assessor and board of review, by reason of poverty are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation per MCL 211.7u(1).

In order 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.

**PERSONAL INFORMATION: Petitioner must list all required personal information.**

Property Address of Principal Residence:	Daytime Phone Number:	
Age of Petitioner:	Marital Status:	Age of Spouse:
Number of Legal Dependents:	Age of Dependents:	
Applied for Homestead Property Tax Credit (yes or no):	Amount of Homestead Property Tax Credit:	

**REAL ESTATE INFORMATION: List the real estate information related to your principal residence. Be prepared to provide a deed, land contract, or other evidence of ownership of the property at the BOR meeting.**

Property Parcel Number: 05-	Unpaid Balance Owed On Principal Residence: \$
Name of Mortgage Co.:	Monthly Payment: \$
Length of Time At This Residence:	

**ADDITIONAL PROPERTY INFORMATION: List information related to any other property you or any household member owns.**

Do you own, or are buying, other property (yes or no)? If yes, complete the information below.		Amount of Income Earned from Other Property:	
Property Address	Name of Owner(s)	Assessed Value	Amount & Date of Last Taxes
		\$	
		\$	

**EMPLOYMENT INFORMATION: List your current employment information.**

Employer Name: \_\_\_\_\_ Name of Contact Person: \_\_\_\_\_

Address of Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRA's (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income

Source of Income	Monthly or Annual Income?

**CHECKING, SAVINGS AND INVESTMENT INFORMATION:** List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments.

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 all household members.

Name of Insured	Amount of Policy	Monthly Payment	Policy Paid in Full	Name of Beneficiary	Relationship to Insured

**MOTOR VEHICLE INFORMATION:** All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.

Make	Year	Monthly Payment	Balance Owed

**OTHER ASSETS:** List any other assets owned by any person residing in the household not previously listed.


**LIST ALL PERSONS LIVING IN HOUSEHOLD:** All persons residing in the residence must be listed.

First & Last Name	Age	Relationship to Applicant	Place of Employment	Amount of Monetary Contribution to Family Income

**PERSONAL DEBT:** All personal debt for all household members must be listed.

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

**MONTHLY EXPENSE INFORMATION:** The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.

Heating:	Electric:	Water:
Phone:	Cable:	Food:
Clothing:	Health Insurance:	Garbage:
Daycare:	Car Expense (gas, repair, etc):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):

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: Per MCL 211.7u(2b), **a copy of all household members federal income tax returns, state income tax returns (MI-1040) and Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income.** An affidavit may be filed for all persons residing in the residence who were not required to file federal or state income tax returns in the current year or in the immediately preceding year. Documentation for all income sources including, but not limited to, credits, claims, Social Security income, child support, alimony income, and all other income sources must be provided at time of application.

*Petitioners: Do not sign this application until witnessed by the Supervisor, Assessor, Board of Review or Notary Public.* (Must be signed by either the Supervisor, Assessor, Board of Review Member or Notary Public)

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

I, the undersigned Petitioner, hereby declare that the foregoing information is complete and true and that neither I, nor any household member residing within the principal residency, have money, income or property other than mentioned herein.

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Date

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Assessor Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

BOR Member Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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This application shall be filed after January 1, but before the day prior to the last day of the March, July or December Board of Review, to the address below.

Board of Review  
C/O Davison Twp. Assessor  
Davison Township  
1280 N Irish Road  
Davison, Michigan 48423

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DECISIONS OF THE MARCH BOARD OF REVIEW MAY BE APPEALED IN WRITING TO THE MICHIGAN TAX TRIBUNAL BY JULY 31 OF THE CURRENT YEAR. JULY OR DECEMBER BOARD OF REVIEW DENIALS MAY BE APPEALED TO MICHIGAN TAX TRIBUNAL WITHIN 30 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE FILING.

Michigan Tax Tribunal  
PO Box 30232  
Lansing, MI 48909  
Phone: 517-373-3003  
Fax: 517-373-1633

[E-mail: taxtrib@michigan.gov](mailto:taxtrib@michigan.gov)

