



I, _____, being the owner and resident of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act, (the real and personal property of persons who in the judgment of the supervisor and board of review, by reason of poverty are unable to contribute toward the public charges, are exempt from taxation under this act).

Property Code Number: _____
Property Description: _____

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? _____

ATTACH COPY OF 1040 CR AND FEDERAL OR STATE INCOME TAX RETURN,
IF FILED FOR THE CURRENT YEAR OR PREVIOUS YEAR.

REAL ESTATE: Is home paid for? _____ Unpaid balance _____
Name of Mortgage Co. _____ 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	Amount & Date of Last Taxes Paid

Income earned from above property \$ _____

Name of Employer _____ Phone No.() _____
Address _____

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

Source of Income	Monthly or Annual 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 investments.

NAME OF FINANCIAL INSTITUTION OR INVESTMENTS	Amount on Deposit	Name on Account	Value of Investment

LIFE INSURANCE: List all policies held by you and your spouse

Insured	Amount of Policy	Amt. Paid Monthly	Paid Up Policy	Name of Beneficiary	Relationship to insured

MOTOR VEHICLES IN HOUSEHOLD:

Make and Model	Year	Monthly Payment	Balance Owed

LIST ALL PERSONS LIVING IN 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:

UTILITIES _____ FOOD _____ PHONE _____ CLOTHING

HEAT _____ CAR EXPENSE _____ OTHER (Specify)

OTHER ASSETS: List all other assets and their values that are owned or controlled by you. (For example - boats, coin collection, antiques, silver)

Type of Asset	Value	Owner