

Marion Township  
Poverty Exemption Application

Marion Township   
10925 South Merrill Road  
Brant, MI 48614  
989.643.5161

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, are exempt from taxation under this Act.)

**Property Description**

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? \$ \_\_\_\_\_

**Real Estate**

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**

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 Board of Review by the second Monday in March.**

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**FOR BOARD OF REVIEW USE ONLY**

Disposition by Board of Review

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

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

Board of Review

Supervisor/Assessor

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

\_\_\_\_\_