

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.

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| PART 1: OWNER INFORMATION — Enter information for the person owning and occupying the residence. | | | |
| Owner Name | | Owner Telephone Number | |
| Mailing Address | City | State | ZIP Code |
| PART 2: LEGAL DESIGNEE INFORMATION (Complete if applicable.) | | | |
| Legal Designee Name | | Daytime Telephone Number | |
| Mailing Address | City | State | ZIP Code |
| PART 3: HOMESTEAD PROPERTY INFORMATION — Enter information for property in which the exemption is being claimed. | | | |
| City or Township (check the appropriate box and enter name) <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village | | County | |
| Name of Local School District | | | |
| Parcel Identification Number | | Year(s) Exemption Previously Granted by Board of Review | |
| Homestead Property Address | City | State | ZIP Code |
| PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (Check all boxes that apply.) | | | |
| <input type="checkbox"/> I own the property in which the exemption is being claimed. | | | |
| <input type="checkbox"/> The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home. | | | |
| <input type="checkbox"/> After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or I receive a fixed income solely from public assistance that is not subject to significant annual increases beyond the rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits. | | | |
| PART 5: CERTIFICATION | | | |
| I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive an exemption from property taxes by reason of poverty pursuant to Michigan Compiled Law, Section 211.7u. | | | |
| Owner or Legal Designee Name (print) | | Signature of Owner or Legal Designee | Date |
| Designee must attach a letter of authority. | | | |
| LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE) | | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Attach appeal instructions and provide to owner.) | | Tax Year(s) exemption will be posted to tax roll | |
| CERTIFICATION — I certify that, to the best of my knowledge, the information contained in this form is complete and accurate. | | | |
| Assessor Signature | | Date Certified by Assessor | |