

**PITTSFIELD CHARTER TOWNSHIP
APPLICATION AND INSTRUCTIONS FOR 2021
HARDSHIP/POVERTY REDUCTION**

The 2021 Application for One Year Poverty Reduction has been modified to be consistent with the requirements of the State of Michigan regarding poverty exemptions. To be considered for a poverty reduction, the following information **MUST** be provided:

1. **COMPLETE ALL SECTIONS OF THIS APPLICATION IN FULL; DO NOT LEAVE ANY BLANK LINES/AREAS. WRITE IN N/A IF THE AREA DOES NOT APPLY TO YOU.** Applications may be considered ineligible if they are not completed in full.
2. Submit **completed and signed COPIES** of the following:

2020 Michigan Homestead Property Tax Credit Claim (MI 1040 CR)

2020 Federal Income Tax Return (1040), if you are required to file federal income tax. If you were not required to file federal or state income tax in the current or previous year, please include a completed Department of Treasury Form 4988 – Poverty Exemption Affidavit. (PA 135 of 2012)

2020 Federal Income Tax Return (1040) for ALL members residing within the household.

ALL INCOME TAX RETURNS MUST BE SIGNED. Applications will be returned if signatures are missing.
3. If someone is residing in your home and is not employed but has income from another source, you **MUST** include their total income in “2021 Estimated Household Income” section and included in Total Projected Household Income for 2021 listed on page 4 of your application. Additional household members’ income detail must also be provided on page 6, attach additional pages if needed.
4. If you completed the section on page one of the application indicating you have major or unusual out-of-pocket expenses, you must provide copies of documents verifying these expenses. **This does not include everyday living expenses.**
5. The application must be legible. If you need or want to provide additional information, please attach separate sheet(s), do not write in the margins of the application.
6. Do not submit originals of supporting documentation. We are required to keep all documentation for our records in the event of audit by the Michigan Department of Treasury.
7. If the application is (1) incomplete, (2) you do not include copies of the required financial documents, or (3) income tax returns are not signed the application may be considered ineligible for a hardship/poverty reduction.

PITTSFIELD CHARTER TOWNSHIP
APPLICATION IS FOR ONE YEAR REDUCTION

YEAR 2021

PETITION NO. _____

PARCEL I.D. _____

APPLICANT'S NAME _____ AGE _____

TELEPHONE NUMBER _____

PLEASE STATE WHAT HAS CHANGED OR THE REASON FOR CURRENT FINANCIAL SITUATION.

Marital Status: () Married, () Single, () Divorced, () Widow, ()

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT _____

DO YOU CLAIM THIS PROPERTY AS YOUR HOMESTEAD (As your Primary Residence)? () YES () NO

IS ANY PART OF THE PROPERTY BEING LEASED OR USED FOR BUSINESS PURPOSES? () YES () NO

STATUS OF EMPLOYMENT AND NAME OF EMPLOYER(S):

ARE YOU DISABLED?

| EMPLOYED | | | EMPLOYER |
|-----------------------------|----------------|---|----------|
| SELF | () YES () NO | () FULL TIME () PART TIME () RETIRED | |
| Additional Household Member | () YES () NO | () FULL TIME () PART TIME () RETIRED | |

| | |
|-----------------------------|----------------|
| SELF | () YES () NO |
| Additional Household Member | () YES () NO |

NATURE OF DISABILITY _____

Documentation of disability must be provided.

Do you have any MAJOR OR UNUSUAL OUT-OF-POCKET expenses? If yes, please list below and provide verification.

| TYPE OF EXPENSE | AMOUNT PER YEAR |
|-----------------|-----------------|
| | |
| | |

LIST ALL OTHER MEMBERS OF YOUR HOUSEHOLD, and their AGE AND RELATIONSHIP BELOW.

| | 1 | 2 | 3 | 4 |
|----------------------|----------------|----------------|----------------|----------------|
| Name | | | | |
| Age | | | | |
| Relationship | | | | |
| Occupation | | | | |
| Annual Income | | | | |
| Claimed As Dependent | () Yes () No | () Yes () No | () Yes () No | () Yes () No |

Attach additional sheet, if needed.

If you have college aged children living with you are you contributing to their college costs? () Yes () No

*An Income and Status Sheet must be provided for each person listed above (18 years and older).

PROPERTY INFORMATION

Purchase Date: _____ Purchase Price: _____ (If home was purchased within the last 3 years, attach documents used to qualify for the mortgage and explain why funds were not set aside for taxes.

Do you own this property free and clear? () Yes () No

If not, amount of monthly payment: _____ Have any improvements, changes, or additions been made to the property in the last two (2) years? () Yes () No
Are the taxes included in payment? () Yes () No Describe Improvements: _____

Are property taxes current? () Yes () No _____
If not, amount past due _____

Have you taken a Reverse Mortgage on this property () Yes () No

If yes, Year taken _____, Amount of RM\$ _____, Remaining Balance as of January 1, 2021\$ _____

GENERAL INFORMATION

Have you requested (or are currently receiving) other government assistance? () Yes () No

If yes, please detail the monetary assistance received:

If you have college aged children, are you contributing to their college costs? () Yes () No

If yes, please detail the monetary assistance and provide verification:

Are you or members of your household recently unemployed? () Yes () No

If yes, please indicate when first placed on unemployment:

How long is the unemployment assistance expected to remain?

ASSET INFORMATION

Do you have an ownership interest in any other real estate (including ownership via partnerships, corporation, etc.) in Michigan or anywhere else? () Yes () No If yes, please list (attach additional sheet, if needed).

| <u>Location</u> | <u>Value</u> | <u>Type of Use</u> | <u>Purchase Date</u> | <u>Purchase Price</u> |
|--|--------------|--------------------|----------------------|-----------------------|
| What are your assets in addition to real estate? | | | | |
| Cash | \$ | | | |
| Savings Accounts/Certificates & Money Markets | \$ | | | |
| Checking Accounts (Include Statements) | \$ | | | |
| Stocks/Bonds/Treasury Bills | \$ | | | |
| Insurance – Cash Value | \$ | | | |
| Investments | \$ | | | |
| IRA, Keogh Annuities, Deferred Compensation | \$ | | | |

Personal Property held as an investment
(i.e., gems, jewelry, coin collections, antique cars, etc.) \$ _____

Other: Art, Lottery winnings, prizes, gifts \$ _____

Do you have any other assets or sources of funds not listed above? () Yes () No

If Yes: Describe _____

Vehicles: Cars, Trucks, Boats, Trailers, etc.

Attach additional sheet, if needed.

| Make/Model | #1 | #2 | #3 |
|---------------|----|----|----|
| Year | | | |
| Value | | | |
| Balanced Owed | | | |
| | | | |

2021 ESTIMATED HOUSEHOLD INCOME (based on 2020 information)

APPLICANT'S (Homeowner) 2020 INCOME INFORMATION

| SOURCE | AMOUNT PER YEAR |
|---|-----------------|
| Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc. | \$ |
| Social Security/SSI, or Railroad Retirement | \$ |
| Retirement Pension or Annuity Benefits (Includes Military Retirement Pay) | \$ |
| Interest and/or Dividends (includes non-taxable interest) | \$ |
| Rent/Business or Royalty Income | \$ |
| Disability Payments (Worker Comp, Veterans Disability, Pension Benefits) | \$ |
| ADC, SFA, SDA, RAP/REP (Attach a copy of DSS Annual Statement) | \$ |
| Alimony, Child Support | \$ |
| Capital gains less capital losses: | \$ |
| Unemployment Benefits | \$ |
| Other Nontaxable Income (Military Family Allotments, College Scholarships, Grants, Fellowships, Etc.) | \$ |
| Less Amount YOU PAY for Medical Insurance | \$ |
| Gifts, Lottery winnings, subsidies, rebates, misc. income, etc. | |
| YOUR TOTAL 2020 INCOME | |
| ADD TOTAL 2020 INCOME FOR ALL MEMBERS OF HOUSEHOLD (please attach an income and status sheet for each additional occupant) | \$ |
| | \$ |
| | |
| TOTAL PROJECTED HOUSEHOLD INCOME FOR 2021 | \$ |

HOUSEHOLD EXPENSES

NOTE: VERIFICATION OF EXPENSES MAY BE REQUIRED.

| | MONTHLY | YEARLY |
|--|---------|--------|
| House Payment (principle and interest): | | |
| Life Insurance: | | |
| Health Insurance: | | |
| Home Insurance: | | |
| Auto Insurance: | | |
| Car Payment(s) as listed on page 4: | | |
| Gasoline: | | |
| Home Heating/Cooling/Electricity: | | |
| Telephone/land line/cellular: | | |
| Water/sewer: | | |
| Cable/Internet: | | |
| Child Care: | | |
| Food (not covered by food stamps/bridge card): | | |
| All Other Expenses not listed above: | | |

LOANS, CREDIT CARDS, AND OTHER OUTSTANDING DEBTS:
(other than real estate and vehicles)

| | | | |
|--|--|--|--|
| Credit Card Company Name Financial Institution | | Credit Card Company Name Financial Institution | |
| Current balance | | Current balance | |
| Monthly Payment | | Monthly Payment | |

(If more space is needed attach additional page - verification of outstanding debts may be required.)

MEDICAL/DENTAL AND/OR OTHER UNUSUAL EXPENSES (included expenses for all household members):

NOTE: IF EXPENSES (WITHOUT PROPERTY TAXES) EXCEED INCOME, A PROPERTY TAX REDUCTION WILL NOT SOLVE YOUR FINANCIAL PROBLEM. PLEASE EXPLAIN OTHER ACTIONS YOU WILL BE TAKING:

INCOME AND STATUS SHEET FOR ADDITIONAL MEMBERS OF HOUSEHOLD OTHER THAN APPLICANT

(An additional form must be submitted for each additional household member over 18 years old)

Name: _____

Date of Birth: _____

Employed:

Disabled:

Full time: ____ Yes or ____ No

Number of years: _____

Occupation: _____

Describe: _____

Employer: _____

(Attach supporting documents)

Income per month _____

Qualify for benefits? ____ Yes or ____ No

____ Gross or ____ Net

(Attach document or an explanation why you do not qualify)

If not employed full-time and not disabled, explain why (not required if over age 65):

REPORT 2020 INCOME FROM ALL SOURCES:

MONTHLY

YEARLY

| | | |
|--|--|--|
| Wages, salaries, tips, sick, strike, sub-pay, etc: | | |
| All interest and dividends including non-taxable: | | |
| Net rent, business or royalty: | | |
| Retirement pension/annuity: | | |
| Capital gains less capital losses: | | |
| Alimony and Child Support: | | |
| Social Security, SSI or Railroad Retirement: | | |
| Worker's Compensation, Veteran's Disability: | | |
| DHS Payments: | | |
| Food Stamps/Bridge Card: | | |
| Other Taxable and/or Nontaxable Income: | | |
| 2020 TOTAL INCOME (enter on page 4) | | |

REMEMBER TO ENTER total income on page 4 of application, under the "2021 Estimated Household Income" section, in **TOTAL 2020 INCOME FOR ALL MEMBERS OF HOUSEHOLD and OWNERS.**

Explain if your income last year is not similar to this year, or if you anticipate any major changes in the coming year. _____