

# CITY OF DEARBORN

*Home Town of Henry Ford*

## DEPARTMENT OF ASSESSMENT

### 2023 POVERTY EXEMPTION GUIDELINES

The City of Dearborn Board of Review is permitted under State of Michigan law to review the property assessments of certain homesteads when the property owners claim poverty. The Board of Review must follow city council approved guidelines; per Council Resolution No. CR# 1-44-23 dated 1/24/2023 and have certain information from each taxpayer who is applying for the poverty exemption in order to make a fair and informed decision.

**Your application must be complete and signed. All required documents must be turned in with your application for consideration. All information is subject to verification. Notice: Any willful misstatements or misrepresentations made on this application may constitute perjury, which, under the law, is a felony punishable by fine or imprisonment.**

1. The property **MUST** be the applicant's principal residence (homestead).

2. **Maximum household income levels are as follows:**

Family of 1	\$20,385
Family of 2	\$27,465
Family of 3	\$34,545
Family of 4	\$41,625
Family of 5	\$48,705
Family of 6	\$55,785
Family of 7	\$62,865
Family of 8*	\$69,945

\*For each additional person, add \$ 7,080

3. A written letter of explanation stating the reason any household member over the age of 18 is unable to contribute to the household income. (Part-Time employment by minors or other household members, used to defray education or other personal expenses, is deemed to be part of the total household income.)
4. A written letter of explanation is required if expenses (not including property taxes) nearly equals or exceeds the stated income.
5. Total assets of the entire household, excluding homestead, cannot exceed \$30,000
6. Applicant may not have ownership interest in any real estate other than the homestead.
7. Annual taxable and non-taxable interest/dividend income must be less than \$1,250.
8. If you qualify for the Poverty Exemption, your taxable value will be reduced by 50%.

**YOU ARE REQUIRED TO INCLUDE THE FOLLOWING DOCUMENTS:**

- A Deed, Land Contract, or other evidence, in the name of the applicant/applicants, for the residence listed, if not already on file with the Assessor's office (i.e., proof of ownership).
- Valid Drivers License or other form of identification for **ALL persons** residing in the homestead.
- Social Security cards of **ALL persons** residing in the homestead.
- The following tax information must be submitted for **ALL applicable persons** residing in the homestead:
  - A. Copy of *completed* and *signed* 2022 Federal Income Tax Return, **MUST** include:
    - a. Proof of gross annual income from all sources.
    - b. W-2 Form, if applicable
    - c. Itemized Deduction – Schedule A, if applicable
  - B. Copy of *completed* and *signed* 2022 Michigan Income Tax Return, **MUST** include:
    - a. Homestead Property Credit Form - MI 1040CR
    - b. Proof of gross annual income from all sources.
- Completed and signed Poverty Exemption Affidavit (MI Dept of Treasury form 4988), if applicable.
- Current pay stub submitted for **ALL persons** residing in the homestead.
- Current proof of Social Security, SSI, State Assistance or Food Stamps, if applicable.
- Last three (3) months bank statements for **ALL persons** residing in the homestead.
- Original Mortgage papers, if applicable. (These papers should be with your closing papers or are available at the Wayne County Register of Deeds.)
- Child Support Statement, if applicable. Written explanation required if eligible but not collecting support payments.
- Copy of paid registration receipt of dependent(s) attending college, if applicable. (Documentation of financial aid is required.)
- Proof of disability, if applicable.

**The City of Dearborn is required to receive and analyze personal household income and expense information needed in the calculation of the potential reduction in assessment by reason of poverty. All applications can be submitted to the City of Dearborn Assessing Department to take to the July or December Boards of Review. To ensure the applications are complete and to account for processing time, please submit as early as possible.**

*You must make an appointment with the Department of Assessment by calling 943-2140 prior to personal appearing before either the **July or December Board of Review**. Additionally, you will be required to have your application and all supporting documents complete before your application will be presented to the Board of Review.*

## Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

**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.

<b>PART 1: PERSONAL INFORMATION —</b> Petitioner must list all required personal information.				
Petitioner's Name			Daytime Phone Number	
Age of Petitioner	Marital Status	Age of Spouse	Number of Legal Dependents	
Property Address of Principal Residence		City	State	ZIP Code
<input type="checkbox"/> Check if applied for Homestead Property Tax Credit		Amount of Homestead Property Tax Credit		
<b>PART 2: REAL ESTATE INFORMATION</b>				
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 Board of Review meeting.				
Property Parcel Code Number		Name of Mortgage Company		
Unpaid Balance Owed on Principal Residence	Monthly Payment	Length of Time at this Residence		
Property Description				
<b>PART 3: ADDITIONAL PROPERTY INFORMATION</b>				
List information related to any other property owned by you or any member residing in the household.				
<input type="checkbox"/> Check if you own, or are buying, other property. If checked, complete the information below.			Amount of Income Earned from other Property	
1	Property Address	City	State	ZIP Code
	Name of Owner(s)	Assessed Value	Date of Last Taxes Paid	Amount of Taxes Paid
2	Property Address	City	State	ZIP Code
	Name of Owner(s)	Assessed Value	Date of Last Taxes Paid	Amount of Taxes Paid

**PART 4: EMPLOYMENT INFORMATION** — List your current employment information.

Name of Employer			
Address of Employer	City	State	ZIP Code
Contact Person	Employer Telephone Number		

**PART 5: INCOME SOURCES**

List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (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, for all persons residing at the property.

Source of Income	Monthly or Annual Income (indicate which)

**PART 6: 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, for all persons residing at the property.

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment

**PART 7: LIFE INSURANCE** — List all policies held by all household members.

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

**PART 8: 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

<b>PART 9: HOUSEHOLD OCCUPANTS</b> — List all persons living in the household.				
First and Last Name	Age	Relationship to Applicant	Place of Employment	\$ Contribution to Family Income

<b>PART 10: PERSONAL DEBT</b> — List all personal debt for all household members.					
Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

<b>PART 11: MONTHLY EXPENSE INFORMATION</b>			
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 (type and amount)	Other (type and amount)	Other (type and amount)	
Other (type and amount)	Other (type and amount)	Other (type and amount)	

**NOTICE:** Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

<b>PART 11: POLICY AND GUIDELINES ACKNOWLEDGMENT</b>		
<p>The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.</p>		
<p><input type="checkbox"/> The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.</p>		
<b>PART 12: CERTIFICATION</b>		
<p>I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.</p>		
Printed Name	Signature	Date

**This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.**

**Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.**

Michigan Tax Tribunal  
 PO Box 30232  
 Lansing MI 48909

Phone: 517-335-9760  
 E-mail: [taxtrib@michigan.gov](mailto:taxtrib@michigan.gov)

## 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.

<b>PART 1: OWNER INFORMATION — Enter information for the person owning and occupying the residence.</b>			
Owner Name		Owner Telephone Number	
Mailing Address	City	State	ZIP Code
<b>PART 2: LEGAL DESIGNEE INFORMATION (Complete if applicable.)</b>			
Legal Designee Name		Daytime Telephone Number	
Mailing Address	City	State	ZIP Code
<b>PART 3: HOMESTEAD PROPERTY INFORMATION — Enter information for property in which the exemption is being claimed.</b>			
City or Township (check the appropriate box and enter name)		County	
<input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village			
Name of Local School District			
Parcel Identification Number		Year(s) Exemption Previously Granted by Board of Review	
Homestead Property Address	City	State	ZIP Code
<b>PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (Check all boxes that apply.)</b>			
<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.			
<b>PART 5: CERTIFICATION</b>			
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
<b>Designee must attach a letter of authority.</b>			
<b>LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)</b>			
<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	
<b>CERTIFICATION — I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.</b>			
Assessor Signature		Date Certified by Assessor	