#### ROBINSON TOWNSHIP

## POLICY AND GUIDELINES FOR POVERTY EXEMPTIONS FROM TAXATION

### FOR THE YEAR OF 2025

### **AS REQUIRED BY PA 390 OF 1994**

WHEREAS, the adoption of guidelines for poverty exemptions is required of the Robinson Township Board; and

WHEREAS, the principal residence of persons, who the Supervisor and Board of Review determines by reason of poverty to be unable to contribute to the public charge, is eligible for exemption in whole or in part from taxation under Public Act 390 of 1994 (MCL 211.7u), as amended; and

**WHEREAS**, pursuant to PA 390 of 1994, the Township of Robinson, Ottawa County adopts the following guidelines for the Board of Review to implement. The guidelines shall include but not be limited to the specific income and asset levels of the claimant and all persons residing in the household, including any property tax credit returns, filed in the current or immediately preceding year;

## To be eligible, a person shall do all the following on an annual basis:

- 1) Be an owner of and occupy as a principal residence the property for which an exemption is requested.
- 2) File a claim with the supervisor or assessor (a Poverty Exemption application is attached to the Guidelines), accompanied by federal and state income tax returns for all persons residing in the principal residence or a signed State Tax Commission Form 4988, Poverty Exemption Affidavit.
- File a claim reporting that the combined assets of all persons do not exceed the current guidelines. Assets include but are not limited to, real estate other than the principal residence, motor vehicles other than the 1<sup>st</sup> vehicle and any additional vehicle(s) of each additional occupant used for work or school, recreational vehicles and equipment, certificates of deposits, saving and checking accounts, stocks, bonds, life insurance, retirement funds, royalties, etc. Also included are Federal non-cash, benefits programs such as Medicare, Medicaid, food stamps (Bridge card), school lunches, alimony, child support, and military family allotments. For purposes of this section, the Board of Review shall consider the value of the assets.
- 4) Produce a valid driver's license or other form of identification if requested.
- **5)** Produce, if requested, a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
- 6) Produce a current plus 2 preceding months of bank statements.
- 7) Meet the federal poverty income guidelines as defined and determined annually by the United States Department of Health and Human Services or alternative guidelines adopted by the governing body providing the alternative guidelines do not provide eligibility requirements less than the federal guidelines.

8) The application for an exemption shall be filed after January 1, but one day prior to the last day of the December Board of Review. The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the right of appeal to the Michigan Tax Tribunal.

The following are the poverty income guidelines for 2025. The annual allowable income includes income for all persons residing in the principal residence.

Robinson Township
Poverty Income Guidelines Used in the Determination of Poverty Exemptions

| Size of Household/Family Unit | 2025 Poverty Guidelines |
|-------------------------------|-------------------------|
| 1                             | \$15,060                |
| 2                             | \$20,440                |
| 3                             | \$25,820                |
| 4                             | \$31,200                |
| 5                             | \$36,580                |
| 6                             | \$41,960                |
| 7                             | \$47,340                |
| 8                             | \$52,720                |
| For Each Additional Person    | \$ 5,380                |

## Asset Test

A hardship exemption shall not be granted to any applicant whose total liquid assets exceed \$1,500.

Assets not included for consideration are the original homestead,  $1^{st}$  vehicle and additional vehicle of each additional occupant used for work or school purposes.

The value of property in excess of what is considered to be part of the original homestead shall be considered an asset.

Assets include, but are not limited to: Real estate other than the principal residence, motor vehicles, recreational vehicles and equipment, certificates of deposits, saving and checking accounts, stocks, bonds, life insurance, retirement funds, royalties, etc. For purposes of this section, the Board of Review shall consider the value of the assets and the assets shall not be reduced by any amount of indebtedness owed on such assets, or indebtedness otherwise owed by applicant(s).

**NOW, THEREFORE, BE IT HEREBY RESOLVED** that the supervisor and Board of Review shall follow the above stated policy and federal guidelines in granting or denying an exemption

The foregoing resolution (Resolution Number 2025-02-09) offered by Township Board Member Jamie
Tubergen

And supported by Township Board Member Penni DeWitt Upon roll call vote, the following voted: "Aye": Adam MacMillan, Jamie Tubergen, Penni DeWtt "Nay": none

"Absent": Steven Ambrose, Ben Ipema

Adam MacMillan declared the resolution adopted.

Supervisor

I, Penni DeWitt, the duly elected Clerk of Robinson Township, hereby certifies that the foregoing resolution was adopted by the township board of said township at the regular meeting of said board held on February 12, 2025 at which meeting a quorum was present by a roll call vote of said members as hereinbefore set forth; that said resolution was ordered to take immediate effect.

Clerk

# 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.

| PAR  | T 1: PERSONAL INFOR                        | RMATION -    | – Petitioner must li  | st all required person                  | al information.                  |                      |                     |  |  |  |
|--|--|--------------|-----------------------|---|----------------------------------|----------------------|---------------------|--|--|--|
| Petitioner's Name  |  |              | •                     | Daytime Phone Number                    |                                  |                      |                     |  |  |  |
| And of Datitions   |  |              |                       | Age of Spouse                           | Numb                             | or of Logo           | Dopondonto          |  |  |  |
| Age of Petitioner Marital Status                           |  |              |                       | Age of Spouse                           | Number of Legal Dependents       |                      |                     |  |  |  |
| Proper   | ly Address of Principal Residence          |              |                       | City                                    |                                  | State                | ZIP Code            |  |  |  |
|  | Check if applied for Hor                   | mestead Pr   | operty Tax Credit     | Amount of Homestead Property Tax Credit |                                  |                      |                     |  |  |  |
| PAR  | T 2: REAL ESTATE INF                       | ORMATIO      | N                     |   |                                  |                      |                     |  |  |  |
|  | the real estate information                |              |                       |   | to provide a d                   | eed, lar             | d contract or other |  |  |  |
| Proper   | y Parcel Code Number                       |              |                       | Name of Mortgage Company                |                                  |                      |                     |  |  |  |
| Unpaid Balance Owed on Principal Residence Monthly Payment |  |              |                       |   | Length of Time at this Residence |                      |                     |  |  |  |
| Proper   | ty Description                             |              |                       |   | I                                |                      |                     |  |  |  |
|  |  |              |                       |   |                                  |                      |                     |  |  |  |
| PAR  | T 3: ADDITIONAL PRO                        | PERTY INF    | ORMATION              |   |                                  |                      |                     |  |  |  |
| List   | information related to an                  | y other pro  | perty owned by you    | u or any member resi                    | ding in the ho                   | usehold              |                     |  |  |  |
|  | Check if you own, or an information below. | e buying, of | ther property. If che | ecked, complete the                     | Amount of Incom-                 | e Earned fr          | om other Property   |  |  |  |
|  | Property Address                           |              |                       | City                                    |                                  | State                | ZIP Code            |  |  |  |
| Name of Owner(s)   |  |              | Assessed Value        | Date of Last Taxe                       | Amount of Taxes Paid             |                      |                     |  |  |  |
|  | Property Address                           |              |                       | City                                    | .L                               | State                | ZIP Code            |  |  |  |
| Name of Owner(s)   |  | ·            | Assessed Value        | Date of Last Taxes Paid Amoun           |                                  | 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          |                        |                          | lumber                                | <u>-l</u>    | <u> </u>                |  |
|  |                                  |                                    |                        |                          |                                       |              |                         |  |
| PART 5: INCOME SOUR  | CES                              |                                    |                        |                          |                                       |              |                         |  |
| List all income sources, in accounts), unemployment judgments from lawsuits, income, for all persons res | compensation, calimony, child su | disability, gove<br>upport, friend | ernment pen            | sions, w                 | vorker's compensa                     | ation, divi  | dends, claims and       |  |
|  | Source of I                      | ncome                              |                        | Monthly or Annual Income |                                       |              |                         |  |
|  |                                  |                                    |                        |                          |                                       |              |                         |  |
|  |                                  |                                    |                        |                          |                                       |              |                         |  |
|  |                                  |                                    |                        |                          |                                       |              |                         |  |
|  |                                  |                                    |                        |                          |                                       |              |                         |  |
| PART 6: CHECKING, SA   | /INGS AND INV                    | ESTMENT IN                         | FORMATIC               | N                        |                                       | <u></u>      |                         |  |
| List any and all savings accounts, postal savings, persons residing at the pro-                          | credit union sha                 |                                    |                        |                          |                                       |              |                         |  |
| Name of Financial Institution or Investments   |                                  | Amount<br>n Deposit                | Current<br>Interest Ra | e                        | Name on Account                       |              | Value of<br>Investment  |  |
|  |                                  |                                    |                        |                          |                                       |              |                         |  |
|  |                                  |                                    |                        | <del> -</del>            |                                       |              |                         |  |
| PART 7: LIFE INSURANCE   | E _ Liet all poli                | ciae hald by a                     | ll household           | membe                    | ore                                   |              |                         |  |
| PART 7. EIPE INSURANCE   |                                  | <u> </u>                           |                        |                          | <del>5</del> 15.                      |              | Dalatia nakin ta        |  |
| Name of Insured Policy   |                                  | Monthly<br>Payments                | Policy Fu              | ,                        | Name of Beneficiary                   |              | Relationship to Insured |  |
|  |                                  |                                    |                        |                          |                                       | •            |                         |  |
|  |                                  |                                    |                        |                          |                                       |              |                         |  |
|  |                                  |                                    |                        |                          |                                       |              |                         |  |
|  |                                  |                                    |                        |                          |                                       |              |                         |  |
| PART 8: MOTOR VEHICL   | E INFORMATIO                     | ON                                 |                        |                          |                                       |              |                         |  |
| All motor vehicles (includ within the household mus  |                                  | , motor home                       | s, camper t            | railers,                 | etc.) held or own                     | ed by ar     | y person residing       |  |
| Make   |                                  | Year                               |                        | Monthly Paymen           |                                       | Balance Owed |                         |  |
|  |                                  |                                    |                        |                          |                                       |              |                         |  |
|  |                                  |                                    |                        |                          |                                       |              |                         |  |

| PART 9: HOUSEHOLD O                              | CCUPANTS -      | – List all pe | ersons li      | ving i  | n the house              | hold. |                                 |                  |                                     |
|--|-----------------|---------------|----------------|---------|--------------------------|-------|---------------------------------|------------------|-------------------------------------|
| First and Last                                   | Name            |               | <b>A</b> ge    |         | elationship<br>Applicant | Pla   | ace of E                        | Employment       | \$ Contribution to<br>Family Income |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
| PART 10: PERSONAL DE                             | BT — List all   | personal d    | lebt for a     | III hou | usehold men              | nbers | <b>5.</b>                       |                  | ·                                   |
| Creditor   | Purpose o       | of Debt       | Dat<br>of De   |         | Original Ba              | alanc | e Mont                          | hly Payment      | Balance Owed                        |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
|  |                 |               |                |         |                          |       |                                 |                  |                                     |
| PART 11: MONTHLY EXP                             | ENSE INFOR      | RMATION       |                |         |                          |       |                                 |                  |                                     |
| The amount of monthly e necessary.               | expenses relat  | ted to the p  | orincipal      | resid   | lence for ea             | ch ca | itegory i                       | must be listed   | d. Indicate N/A as                  |
| Heating  | Electric        |               |                | Water   |                          |       | Phone                           |                  |                                     |
| Cable  | Food            |               |                |         | Clothing                 |       |                                 | Health Insurance |                                     |
| Garbage  | Garbage Daycare |               |                |         |                          |       | Car Expense (gas, repair, etc.) |                  | .)                                  |
| Other (type and amount)  Other (type and amount) |                 |               | e and amount)  |         |                          |       | Other (type and amount)         |                  |                                     |
| Other (type and amount) Othe                     |                 |               | pe 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.

| PART 11: POLICY AND GUIDELINE  | S ACKNOWLEDGMENT   |  |
|--|--|--|
| used for the granting of exemptions the federal poverty guidelines publisl of Health and Human Services unde adopted by the governing body of teligibility requirements less than the specific income and asset levels | under MCL 211.7u. In order to be eligib<br>ned in the prior calendar year in the Fede<br>r its authority to revise the poverty line<br>ne local assessing unit so long as the<br>e federal guidelines. The policy and gu | vailable to the public the policy and guidelines le for the exemption, the applicant must meet eral Register by the United States Department under 42 USC 9902, or alternative guidelines alternative guidelines do not provide income idelines must include, but are not limited to, come and assets. The combined assets of all ne local assessing unit. |
|  | e applicable policy and guidelines ad<br>s of the claimant and total household in  | opted by the city or township, including the ncome and assets.   |
| PART 12: CERTIFICATION   |  |  |
|  | owledge that the information provided in<br>erty taxes pursuant to Michigan Compil   | n this form is complete, accurate and I am ed Law, Section 211.7u.   |
| Printed Name   | Signature  | Date   |
|  |  |  |
| This application shall be filed after<br>Board of Review.  | January 1, but before the day prior  | to the last day of the local unit's Decembe  |

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