**COLON TOWNSHIP**

**PROPERTY TAX POVERTY EXEMPTION GUIDELINES**

**(Pursuant to Public Act 390 of 1994) Adopted by the Colon Township Board on January 24, 2023**

**Adjusted to Federal Poverty Standards of 12-31-22 for 2023 assessments.**

**Filing Requirements**

In order to file and qualify for the property tax poverty exemption, the claimant must do all of the following and meet each of the following requirements annually:

1. Own and occupy the homestead property for which the exemption is requested.
2. File a claim with the board of review after January 1st but before the day prior to the last day of the board of review on a form provided by the local assessing unit. (Note: The filing of this claim constitutes an appearance before the March board of review for the purpose of preserving the right to appeal to the Michigan Tax Tribunal.)
3. Provide federal and state income tax returns for all persons residing in the home. These income tax returns may be those filed in the current year or in the immediate preceding year.
4. Produce a valid driver’s license or other form of identification if requested by the supervisor or board of review.
5. Produce a deed, land contract, or other evidence of ownership of the property for which an exemption is being requested if required by the supervisor or board of review.
6. Meet the federal poverty income standards as defined and determined annually by the United States Office of Management and Budget which will be discussed later in this bulletin under the heading "Federal Poverty Income Standards".
7. Report divestment of assets on the required application form.
8. Meet the asset levels set by the Colon Township Board.
9. Meet any other tests that may be set by the Colon Township Board.

**INCOME STANDARDS**

The following are current poverty threshold Income Standards provided by the United States Office of Management and Budget and issued to Michigan assessors by the Michigan State Tax Commission in Bulletin No. 5 of 1995.

In order to meet the requirement of the Income Standards the claimants annual gross household income cannot exceed the amounts stated below.

|  |  |
| --- | --- |
| Number of Persons Residing in Household | Poverty Threshold |
| 1  2  3  4  5  6  7  8 | $13,590.00  $18,310.00  $23,030.00  $27,750.00  $32,470.00  $37,190.00  $41,910.00  $46,630.00 |
| For each additional person add: | |
|  | $4,720.00 |

**Ordinary income includes:**

1. Money wages and salaries before any deductions.
2. Net receipts from non-farm self-employment. These are receipts from a person's own business, professional enterprise, or partnership, after deductions for business expenses.
3. Net receipts from farm self-employment. These are receipts from a farm which one operates as an owner, renter, or share cropper, after deductions for farm operating expenses.
4. Regular payments from Social Security, Railroad Retirement, unemployment compensation, strike benefits from union funds, workers compensation, veteran’s payments, and public assistance.
5. Alimony, child support, and military family allotments or other regular support from an absent family member for someone not living in the household.
6. Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments.
7. College or university scholarships, grants, fellowships, and assistant ships.
8. Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

**Ordinary income does not include the following, except as provided in number 6 above:**

1. Money received from the sale or property, such as stocks, bonds, a house, or a car, unless the claimant is in the business of selling such property.
2. Withdrawals of bank deposits and borrowed money.
3. Income tax refunds and one-time insurance payments.
4. Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms.
5. Federal non-cash benefit programs such as Medicare, Medicaid, food stamps and school lunches.
6. Gifts and lump-sum inheritances are not considered as ordinary income; however, dividends, interest, rental proceeds, royalties, inheritances, and other similar receipts received on a period basis, which may be in the form of a gift or other form, including receipts resulting from divestment of assets, and which may have the appearance of income, shall be considered as unearned income and shall be included in the determination of income eligibility.

Asset Eligibility Limitations

**ASSET STANDARDS**

In order to meet the requirements for assets, the total current fair market value of the claimant’s household assets cannot exceed $2,000.00.

Definition of Assets (Non-Inclusive)

Assets include, but are not limited to the cash value of savings accounts and shares, certificates of deposit, investments such as stocks, bonds, mutual funds, deferred compensation accounts, equity in real estate other than the homestead for which the exemption is claimed, motor vehicles other than one primary transportation vehicle, jewelry, coins and other collectibles, precious metals, and other similar possessions which are not essential to the subsistence or health and well-being of the claimant. Gifts, lump-sum inheritances, dividends, interest, rental proceeds, royalties, and other receipts received in the form of a gift, or as a result of asset divestment, shall be considered an asset if received on a one-time lump-sum basis and shall be included in the determination of asset eligibility.

Divestment of Assets

Divestment means a transfer of a resource. Transfer of a resource means giving up all or partial ownership in (or rights to) a resource. Examples include, but are not limited to, selling an asset, giving an asset away, refusing an inheritance, giving up the right to receive income, and other similar divestment actions.

If an application for property tax exemption has divested any assets during the period of 36 months preceding the date of the application, then such divestment shall be considered in the determination of eligibility.

**ADDITIONAL STANDARDS**

**Full or Partial Poverty Exemptions**

PA 253 of 2020 made changes related to granting full or partial poverty exemptions. MCL 211.7u(5) states that if a person claiming the poverty exemption meets all eligibility requirements, the Board of Review shall grant the poverty exemption, in whole or in part, as follows:

1. A full exemption equal to a 100% reduction in taxable value for the year in which the exemption is granted; or

2. A partial exemption equal to a 50% reduction in taxable value for the year in which the exemption is granted; or

3. A partial exemption equal to a 25% reduction in taxable value for the year in which the exemption is granted.

Appeal

A property owner may appeal the March board of review's decision on a poverty exemption claim to the Michigan Tax Tribunal by June 30. An appeal of a July or December board of review poverty exemption decision may be made to the Michigan Tax Tribunal within 30 days of the decision. Appeals are to be made in writing to Michigan Tax Tribunal, P.O. Box 30232, Lansing, MI 48909.

**COLON TOWNSHIP APPLICATION FOR PROPERTY TAX POVERTY EXEMPTION**

(Pursuant to Public Act 390 of 1994)

Adopted by the Colon Township Board on January 24, 2023

This application must be filed with the Assessor, Supervisor or Board of Review after January 1, but before the day prior to the last day of the Board of Review

I, , being the owner and principal resident of the homestead property listed and described below hereby apply for property tax relief pursuant to the provisions of MCL 211.7u of the General Property Tax Act.

Property Code

Property Description

Property Address

Applicant Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Household Members \_\_\_\_ Spouse Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List each and every member of your household:

Last Name - First Name Age Relationship Employer Contribution to

To Claimant Household Income

Have you applied for Homestead Property Tax Credit? (If so, attach copy of MI-1040CR)

**EMPLOYMENT INFORMATION**

Name & Address of Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long employed there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPERTY INFORMATION**

Is your home paid for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If not, name of lender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance Owed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you lived at this residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own, or are you buying or have any interest in any other real property? \_\_\_\_\_\_\_ If so, list below Property Address Name of Owner Assessed Value Amount & Date of

Last Taxes Paid

Income received from all property: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD INCOME INFORMATION**

List all household income from all sources for each member of the household: Household Member Source of Income Periodic or Annual Income

Attach a copy of each household member’s most recent state and federal tax return forms.

**HOUSEHOLD ASSET INFORMATION**

List all household savings and investments: Name of Financial Amount of Current Name on Value of

Institution or Investments Deposit Interest Rate Account Investment

List of all life insurance policies held by you and your spouse:

Insured Amount of Amount Paid Paid Up Name of Relationship

Name Policy Monthly Policy Beneficiary to Insured

List of all assets divested in the past 36 months: Description Current Value

List of all motor vehicles in household:

Make Model Year Owned by Used For Monthly Payment Balance Owed

List all other assets and their values:

Type of Asset Owner Value Income Derived from Asset

**PERSONAL DEBTS**

List all household members' personal debts: Creditor Purpose of Debt Date of Original Monthly Balance

Debt Balance Payment Owed

**MONTHLY EXPENSES**

Utilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clothing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Car \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR VERIFICATION**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as an applicant to Colon Township for a Property Tax Poverty Exemption, hereby authorize, by virtue of my notarized signature below, Colon Township to contact any person, firm or organization which I have identified in this Application in order to verify the information I have provided herein. Additionally, I authorize any person firm, or organization so contacted to provide any such information to Colon Township as requested. I am aware that any willful inaccuracies, mis-statements, or mis-representation made by me in this application may constitute perjury, which under the law is a felony violation punishable by fine or imprisonment.

Notice to Applicant

Do not sign this application except in the presence of Colon Township Supervisor, Assessor, and Board of Review member or notary public.

**STATE OF MICHIGAN COUNTY OF ST JOSEPH**

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 disclosed herein.

Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2023

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Supervisor, Assessor, Board of Review or Notary Public)

**FOR BOARD OF REVIEW USE**

Disposition by the Board of Review Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessment reduced to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Chairperson |  |
| Second Member |  |
| Third Member |  |