

# CITY OF BRIGHTON, MICHIGAN

Office of the Assessor  
Colleen Barton, Assessor  
(810) 225-8024

## Guidelines for Applicants Requesting Poverty Exemptions *as of December 31, 2015*

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Pursuant to MCL 211.7u, the City of Brighton has established the following procedures for the uniform determination and application of poverty exemptions to be administered by the Brighton Board of Review.

- 1) All applicants of homesteaded property must obtain and fill out the proper application from the City Assessor's Office. Once obtained, please call the office at (810) 227-9006 and make an appointment to come in and go over your application. This appointment should take only about 30 minutes. Handicapped or infirmed applicants may call the Assessor's Office to make necessary arrangements for a home visit. The application with all requested documents and interview must be completed by:

March 3, 2016	for action by the March Board of Review <i>or</i>
July 14, 2016	for action by the July Board of Review <i>or</i>
December 8, 2016	for action by the December Board of Review
- 2) All applicants must be property owners & reside therein.
  - \* Must produce a valid driver's license or other acceptable method of identification.
  - \* Must produce a deed, land contract or other evidence of ownership upon request.
- 3) All applicants must fill out the application form in its entirety and return it, in person, to the Brighton office except as noted in Item 1 above.
  - \* Applicants must not sign until application is returned.
  - \* The office staff at City Hall must notarize application.
- 4) All Applicants must submit **most recent** copies of the following, for all those with ownership interest in the home and any persons residing in the home even if they have no ownership interest:
  - \* Federal Income Tax Return - 1040 or 1040A
  - \* State of Michigan Income Tax Return
  - \* Homestead Property Tax Claim - MI-1040CR
  - \* All statements of Income (W-2s, 1099s)
  - \* Provide information pertaining to federal non-cash benefit programs including but not limited to: Medicare, Medicaid, food stamps and school lunches.
  - \* Provide all income / asset information for all those with ownership interest in the home and any occupants of the home even if they have no ownership interest.
- 5) The Board of Review may review applications without the applicant being present, however, the applicant may attend the meeting if they wish to answer any questions the board may have. The applicant may be asked to answer questions regarding their financial affairs, health, status of the people living in the home, etc. by the board at the board meeting which is open to and may be attended by the public.
- 6) Household income limits are updated each year, using the poverty thresholds established by the Bureau of Census. The board may also consider an adjustment to these limits due to extenuating circumstances and/or disability of the applicant.
- 7) Applicants will be sent a written notice of the Board's final decision. An applicant may appeal the Board's decision to the Michigan Tax Tribunal. Appeals must be filed with the tribunal by July 31, 2016 for appeals before the March Board or within 30 days of notification of the Board's decision for July and December appeals. For more information on how to appeal to the Michigan Tax Tribunal, consult their website at [www.michigan.gov/taxtrib](http://www.michigan.gov/taxtrib).

**2016****City of Brighton Poverty Income Guidelines**

<b>Size of Family Unit</b>	<b>Federal Poverty Guidelines</b>	<b>City of Brighton Threshold</b>
1 person	\$11,770	\$15,301
2 persons	\$15,930	\$20,709
3 persons	\$20,090	\$26,117
4 persons	\$24,250	\$31,525
5 persons	\$28,410	\$36,933
6 persons	\$32,570	\$42,341
7 persons	\$36,730	\$47,749
8 persons	\$40,890	\$53,157
For each additional person, add	\$4,060	\$5,278

**Asset Test**

The Maximum Assets allowed for a Poverty Exemption shall be \$20,000. Assets exemption from consideration are the Homesteaded Property w/furnishings and one Motor Vehicle. Motor Vehicle shall be valued at no greater than \$20,000.

**CITY OF BRIGHTON  
APPLICATION FOR ONE YEAR HARDSHIP REDUCTION**

**READ BOTH SIDES**

Parcel #: \_\_\_\_\_

COMPLETE ENTIRE APPLICATION AND RETURN IT ALONG WITH THE **MOST RECENT** COPIES OF THE FOLLOWING:

**THE LAW REQUIRES THE APPLICANT TO FILE AND PRODUCE AN INCOME TAX RETURN EVEN IF THAT RETURN IS A ZERO FILING.**

- (1) FEDERAL TAX RETURN (1040 or 1040A)
- (2) STATE OF MICHIGAN INCOME TAX RETURN
- (3) MICHIGAN HOMESTEAD PROPERTY TAX CREDIT CLAIM (1040-CR)
- (4) ALL INCOME STATEMENTS ASSOCIATED W/ABOVE RETURNS (W-2s, 1099s)
- (5) INFORMATION PERTAINING TO FEDERAL NON-CASH BENEFITS PROGRAMS SUCH AS MEDICARE, MEDICAID, FOOD STAMPS AND SCHOOL LUNCHES.
- (6) ALL INCOME/ASSET INFORMATION FOR **ALL CURRENT OWNERS AND OCCUPANTS OF THE HOME.**

**YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT ALL OF THIS INFORMATION**

**PERSONAL DATA**

Name: \_\_\_\_\_ Are you 65 or Older? YES NO  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Are you Disabled? YES NO  
 Nature of Disability: \_\_\_\_\_ # of Dependents: \_\_\_\_\_  
 Age: \_\_\_\_\_ Ages of Dependents: \_\_\_\_\_

List all occupants of the home and their relationship:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional pages if necessary

**PROPERTY INFORMATION**

Year property was purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
 Do you own the property free and clear? YES NO -----> What is your monthly payment? \_\_\_\_\_  
 Are the taxes included in your payment? YES NO  
 Are the taxes current? YES NO -----> Amount past due: \_\_\_\_\_  
 Do you own other real estate? NO YES -----> Please list below the location, value and type

LOCATION OF OTHER REAL ESTATE	VALUE	TYPE
_____	_____	_____
_____	_____	_____

Attach additional pages if necessary

**EMPLOYMENT STATUS**

Are you, your spouse, or other members of the household employed?

Self: NO YES -----> Employer Name & Address: \_\_\_\_\_  
 Spouse: NO YES -----> Employer Name & Address: \_\_\_\_\_  
 Other members in household: NO YES -----> Employer Name & Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Employer Name & Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Employer Name & Address: \_\_\_\_\_

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**TOTAL ESTIMATED HOUSEHOLD INCOME DECLARATION**

SOURCE	MONTHLY AMOUNT	ANNUAL AMOUNT
Wages / Salaries / Tips	_____ X 12 MOS =	_____
Social Security / SSI	_____ X 12 MOS =	_____
Pension or Retirement	_____ X 12 MOS =	_____
Interest and/or Dividends	_____ X 12 MOS =	_____
Rental Income	_____ X 12 MOS =	_____
Business or Royalty Income	_____ X 12 MOS =	_____
Disability/Workman's Comp	_____ X 12 MOS =	_____
General Assistance / ADC/FIA	_____ X 12 MOS =	_____
General Assistance / Foodstamps	_____ X 12 MOS =	_____
Child Support received	_____ X 12 MOS =	_____
Alimony received	_____ X 12 MOS =	_____
Federal non-cash benefits	_____ X 12 MOS =	_____
Unemployment Benefits	_____ X 12 MOS =	_____
Other Income from Family	_____ X 12 MOS =	_____
Income from Land Contracts, etc.	_____ X 12 MOS =	_____
Any Other Income (Source)	_____ X 12 MOS =	_____

**TOTAL PROJECTED INCOME**

\_\_\_\_\_

**ASSETS**

Do you have a savings account? NO YES -----> Balance: \_\_\_\_\_ Bank: \_\_\_\_\_

Do you own any time certificates? NO YES -----> Type: \_\_\_\_\_ Value: \_\_\_\_\_

Do you own any stocks or bonds? NO YES -----> Type: \_\_\_\_\_ Value: \_\_\_\_\_

Do you own any other assets? NO YES -----> Type: \_\_\_\_\_ Value: \_\_\_\_\_

(Boats, RV's, Snowmobiles, etc) Type: \_\_\_\_\_ Value: \_\_\_\_\_

Type: \_\_\_\_\_ Value: \_\_\_\_\_

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**EXPENSE INFORMATION**

	<u>Monthly</u>		<u>Yearly</u>
House Pmt (Prin. & Interest)	_____	X 12 MOS =	_____
Life Insurance	_____	X 12 MOS =	_____
Health Insurance	_____	X 12 MOS =	_____
Homeowners Insurance	_____	X 12 MOS =	_____
Condominium Dues	_____	X 12 MOS =	_____
Auto Insurance	_____	X 12 MOS =	_____
Child Care	_____	X 12 MOS =	_____
Food & Personal Items	_____	X 12 MOS =	_____
Utilities: Electric	_____	X 12 MOS =	_____
Gas/Oil/Heat	_____	X 12 MOS =	_____
Telephone	_____	X 12 MOS =	_____
Water	_____	X 12 MOS =	_____
Medical Bills (After Insurance)	_____	X 12 MOS =	_____
Other Liabilities (Specify)	_____	X 12 MOS =	_____
Car Payment #1	_____	Year, Make & Model	_____
Car Payment #2	_____	Year, Make & Model	_____
Credit Card Debt	_____	Balance	_____
	_____	Balance	_____
	_____	Balance	_____
<b>Total Monthly Expenses</b>	_____		_____

Do you have any unusual expenses?      NO              YES-----> Please describe below:

\_\_\_\_\_

\_\_\_\_\_

Is there any other information you feel the Board of Review should consider?

\_\_\_\_\_

\_\_\_\_\_

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**I/WE DECLARE THAT I/WE ARE UNABLE TO PAY THE FULL PROPERTY TAX LEVY ON THE ABOVE DESCRIBED PARCEL AND HEARBY MAKE APPLICATION FOR PROPERTY TAX RELIEF DUE TO HARDSHIP IN ACCORDANCE WITH SECTION 211.7u OF MCL. I/WE DECLARE THAT THE STATEMENTS MADE HEREIN ARE COMPLETE, TRUE AND CORRECT. I/WE FURTHER UNDERSTAND THAT IF ANY INFORMATION CONTAINED HERIN IS FOUND TO BE FALSE OR INCOMPLETE, ANY AND ALL RELIEF GRANTED BY THIS APPLICATION WILL BE FORFEITED AND PLACED BACK ON THE ASSESSMENT ROLL WITH PENALTIES AND INTEREST, AND IS ALSO PUNISHABLE BY PENALTY OF PERJURY.**

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Witness / Notary \_\_\_\_\_