

**Filing Deadline for 2020:**

**March BOR – March 4th**

**July BOR – July 15th**

**December BOR – December 9th**

**PETITION NUMBER :** \_\_\_\_\_

**PARCEL NUMBER: RAO -** \_\_\_\_\_

**ASSESSED VALUE:** \_\_\_\_\_

**TAXABLE VALUE:** \_\_\_\_\_

## **Raisin Charter Township Application For Property Tax Relief**

Pursuant to Section 211.7u  
Michigan Compiled Laws

All applications **MUST** be filled out completely and contain accurate information or the application will not be considered.

Return the application, along with a copy of last year's Federal and State Income Tax Returns, with the Michigan Property Homestead Form (MI-CR), for each person residing in or contributing to the homestead to:

Board of Review  
c/o Supervisor  
Raisin Charter Township  
5525 Occidental Hwy.  
Tecumseh, MI. 49286

If any person residing in the homestead is not required to file a Federal or State Income Tax Return, the Michigan Treasury **Poverty Exemption Affidavit (Form 4988)** must be filed with this application.

For additional application information or requirements, refer to the **2020 GUIDELINES FOR POVERTY EXEMPTION REVIEW**

Office Use Only (Date Stamp):

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CONFIDENTIAL – RESTRICTED ACCESS

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**Petitioner's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address of property for which relief is being sought:** \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Employment Status:** Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Unemployed \_\_\_\_\_ Retired \_\_\_\_\_ Disabled \_\_\_\_\_

**Last Employer** \_\_\_\_\_

If you checked un-employed, laid off, disabled, or retired, how long have you been in this status? \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Employment Status:** Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Unemployed \_\_\_\_\_ Retired \_\_\_\_\_ Disabled \_\_\_\_\_

**Last Employer** \_\_\_\_\_

If your spouse is unemployed, laid off, disabled, or retired, how long has she/he been in this status? \_\_\_\_\_

**Describe any disability or health problems you or your spouse may have:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other persons currently residing in homestead:**

Name	Age	Relationship	Employment status	Employer or School Attending	Dependent?		
					Yes	No	No
					Yes		No
					Yes		No
					Yes		No
					Yes		No
					Yes		No

Does any person listed above or any other person (s) make a financial contribution to the household? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much does the person contribute each month?

Person's name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Are the property taxes currently paid? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you or your spouse seek property tax relief last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you expect to sell the homestead for which property tax relief is being sought in the next year? Yes \_\_\_\_\_ No \_\_\_\_\_

When did you and/or your spouse purchase this homestead? \_\_\_\_\_

What was the Purchase Price? \$ \_\_\_\_\_ Have improvements, additions, changes been made to this homestead in the past two years? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Are you and/or your spouse the sole owners of this homestead? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, who else has an interest in the property? \_\_\_\_\_

Explain: \_\_\_\_\_

Are mortgage payments current? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, how many months are owed? \_\_\_\_\_

Does the payment include taxes or are they paid separately? Includes taxes \_\_\_\_\_ Taxes are separate \_\_\_\_\_

**OTHER REAL ESTATE HOLDINGS:**

Do you, your spouse, or any other person residing in the homestead have a financial interest in other real estate?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information concerning that financial interest.

Location – City & State	Tax I.D. Number of Property	Value of Property	Amount of Equity
		\$	\$
		\$	\$
		\$	\$

**ASSETS - List all assets - Must be completed:**

Type	Amount	Net Value	
Cash	\$	Pensions/IRA's	\$
Savings Account(s)	\$	Life Insurance	\$
Checking Account	\$	Other	\$
Stocks/Bonds/Mutual Funds	\$		\$
Certificates (CDs)	\$		\$
Money Market	\$		\$

**VEHICLES - List vehicles(s) members of the homestead own / drive. Include leased vehicles.**

Driver or Owner	Year	Make/Model	Monthly Payment	Balance Owing

**OTHER ASSETS - This may include recreational vehicles, art objects, collections, antiques, etc.**

Type of Asset	Value	Owner

**INCOME DATA**

List all sources of personal income. Income includes all money coming into the household from any source or person.

Source	Annual Income	Source	Annual Income
Employment	\$	Pension	\$
Social Security	\$	Unemployment Compensation	\$
Workman's Comp	\$	Welfare/Food Stamps/Bridge Card	\$
A.D.C.	\$	Alimony	\$
Interest & Dividends	\$	Child Support	\$
Insurance	\$	Gifts/Other	\$

**HOUSEHOLD INCOME**

List the total income for each person residing in the household. Attach additional sheets if necessary.

Name	Total Income in 2018	Total Income in 2019
Petitioner:	\$	\$
Spouse:	\$	\$
Another person:	\$	\$
Another Person	\$	\$

Do you anticipate any major changes in income for the coming year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes explain below:

**EXPENSES: Monthly**

House Payment	\$	Water	\$	Electricity	\$
Heating –Gas/Oil	\$	Telephone	\$	Cable T.V.	\$
Cell Phone	\$	Auto Insurance	\$	Other	\$

**MEDICAL EXPENSES: Monthly**

Persons Name	Relationship	Hospital	Doctor	Prescriptions
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

**PERSONAL DEBTS:** List any outstanding loans, credit cards, and personal debts.

Person or Company	Purpose of Debt	Date Debt Incurred	Original Amount of Debt	Monthly Payment	Balance Remaining
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

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**Applicant's Certification**

I am (We are) unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I have read this application and fully understand the contents thereof. I (we) declare that the statements made herein are complete, true and correct to the best of my (our) knowledge. I (we) further understand that if any information contained herein 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 occurring on the additional tax liability. I (we) understand this application is for the **tax year 2020**.

**I (we) further understand that if this application is incomplete or I (we) fail to include all sources of income this application will not be considered by the Board of Review. I (we) have received a copy of and understand the 2020 GUIDELINES FOR POVERTY EXEMPTION REVIEW.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

