STATE OF MICHIGAN COUNTY OF WASHTENAW AUGUSTA CHARTER TOWNSHIP

FINAL

A RESOLUTION ADOPTING POVERTY/HARDSHIP GUIDELINES FOR CALANDER YEAR 2017 BOARD OF REVIEW

RESOLUTION 17-02

At a regular meeting of the Augusta Charter Township Board of Trustees, Washtenaw County County, Michigan, held in the Board Chambers at 8021 Talladay Road, Whittaker, Michigan 48190, on the 23rd day of January 2017 at 7:00 p.m.

WHEREAS, pursuant to Public Act 390, 1994 Michigan Compiled Laws Sec. 211.7u: The real and personal property of persons, in the judgement of the supervisor and board of review by reason of poverty/hardship, are unable to contribute to the public charges is eligible for exemption in whole or part from taxation and

WHEREAS, the Board of Trustees adopts the attached guidelines for the supervisor and board of review to implement.

NOW, THEREFORE BE IT RESOLVED, that the board of review shall follow Public Act 390, 1994 Michigan Compiled Laws Sec. 211.7u: using the attached guidelines for granting or denying an exemption.

Motion to approve Reso	lution was offered b	v Domas and seconde	d by Howard
Roll Call: Aye 7	Navs: 0	Absent: 0	a by Howard
Motion Passed.	3		

RESOLUTION DECLARED ADOPTED. Grand

Brian Shelby, Augusta Township Supervisor

CERTIFICATE

I, Belynda Domas, the elected and acting Clerk of Augusta Charter Township, hereby certify that the foregoing resolution was adopted by the Township Board, as presented at a meeting on January 23, 2017, at which meeting a quorum was present by a roll call vote of said members as herein set forth; that said resolution was ordered to take immediate effect.

Belynda Domas, Augusta Charter Township Clerk

AUGUSTA CHARTER TOWNSHIP BOARD OF REVIEW GUIDELINES FOR HARDSHIP EXEMPTIONS FOR 2017

A Hardship Exemption is defined by the Michigan Compiled Laws Sec. 211.7u: The real and personal property of persons, in the judgment of the supervisor and board of review by reasons of hardship, are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation under this act.

- 1. In granting a hardship exemption, the Board of Review realizes this represents a shift of that portion of the tax burden to the other taxpayers of the community.
- 2. A hardship exemption is granted for one year only. The applicant may apply each year to be considered for an exemption.
- 3. The exemption shall apply only to the applicant's homestead and not excess land.
- 4. Any relief granted is a reduction over and above the \$1,200 maximum Homestead Property Tax Credit granted by the State of Michigan through income tax filing.
- A copy of the applicant's (and spouses', if filed separately) most recent FEDERAL INCOME TAX RETURN (if you
 are required to file federal income tax) and MICHIGAN HOMESTEAD PROPERTY TAX CREDIT CLAIM must be
 submitted along with a completed Hardship Application Form.
- 6. Applicants are not eligible for consideration if they do not meet the following income guidelines as approved by the Augusta Charter Township Board of Trustees:

MAXIMUM INCOME

\$20,147 - 1 member households

\$27,214 - 2 member households

\$34,281 - 3 member households

\$41,348 - 4 member households

\$48,415 - 5 member households

\$55,482 – 6 member households

\$62,549 - 7 member households

\$69,616 - 8 member households

\$7,067 Each additional member of household

Members of household must qualify as a dependent from whom the applicant is entitled to a dependency exemption by IRS rules.

Applicants cannot have more than \$25,000 in assets to be eligible for consideration. Assets do not include the homestead of an automobile. Assets do include: stocks, bonds, mutual funds, insurance policies, coin collections, boats, ORVs, motorcycles, recreational vehicles, second homes or salable property, retirement accounts, jewelry, etc.

- Meeting the guidelines does not automatically qualify an applicant for an exemption. The Supervisor and Board
 of Review will take into account the expenses and extenuating financial circumstances which are temporarily
 beyond the control of the applicant.
- 8. Poverty reductions shall not be given for more than five (5) years to the same household baring catastrophic situations, or until the applicant has reached the age of 62, at which time the 5-year may be waived.

INSTRUCTIONS FOR HARDSHIP REDUCTION AUGUSTA CHARTER TOWNSHIP

The following information must be provided to be eligible for a hardship reduction:

- 1. <u>COMPLETE ALL SECTIONS</u> OF THIS APPLICATION IN FULL; BE SURE TO SIGN THE APPLICATION.
- 2. Submit a <u>completed and signed copy</u> of the following:

2016 Michigan Homestead Property Tax Credit Claim (MI 1040 CR)

2016 Federal Income Tax Return (1040), if you are required to file federal income tax.

2016 Federal Income Tax Return (1040) for all other occupants of your home.

- 3. If an occupant of your home is not employed but has income from another source, you must show the income in "Annual Income" on page 1 of your application. It must also be on page 3 under the "2016 Household Income" section.
- 4. If you completed the section on page one of the application indicating you have major or unusual out-of-pocket expenses, you must provide copies of documents verifying these expenses. This does not include documentation of everyday living expenses.
- 5. The application must be legible. If you need or want to provide additional information, please attach a separate sheet.
- 6. Please do not submit originals of supporting documentation; we cannot return them.
- 7. If the application is incomplete or you do not include copies of the required financial documents, ie: Federal Income Tax Forms; you will be ineligible for a hardship reduction.

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PARCEL I.D.

APPEAL NO.

AP	PLICATIO				CTION CONFIL NSHIP ASSESSO		RMATION	
APPLICAN	T'S NAME							AGE
NAME OF	SPOUSE (if applicable)					AGE
PROPERTY	ADDRES	S FOR WHI	CH RELIEF IS	BEING SO	UGHT			
DO YOU C	LAIM THIS	S PROPERT	Y AS YOUR HO	OMESTEA	D (Primary Residence	()	YES () NO
TELEPHO	NE NUMBE	ER						
EMPLOYM			ME OF EMPLO	YER:	EMPLOVEY		ARE YOU	DISABLED?
SELF	EMPLO () YES	() NO	() FULL TI		EMPLOYER		SELF	() YES () NO
SPOUSE	() YES	() NO	() FULL TI				SPOUSE	() YES () NO
	ve any MA				CET expenses?			low and provide
	TYPE	OF EXPEN	SE			AMOUNT PE	R YEAR	
LIST ALL	PERSONS	LIVING IN			N YOU OR YOU		W. W	
			1		2	3		4
Name Age								
Relationship								
Occupation		-						
Annual Inco								A STATE OF THE STA

Attach additional sheet, if needed.

Claimed As Dependent

()Yes

() No

() Yes () No

() Yes () No

() Yes () No

PROPERTY INFORMATION Purchase Price: (if purchased in Purchase Date: last 3 years) If not, amount of monthly payment: Have any improvements, changes, or additions been made to the property in the last two (2) years? () Yes () No Do you own this property free and clear? () Yes () No If yes, please explain: ___ Are the taxes included in payment? () Yes () No Are property taxes current? () Yes () No If not, amount past due ASSET INFORMATION Do you have an ownership interest in any other real estate (including ownership via partnerships, corporation, etc.) in Michigan or anywhere else? () Yes () No If yes, please list (attach additional sheet if needed). Type of Use Purchase Date Purchase Price Location Value What are your assets in addition to real estate? Cash Savings Accounts/Certificates & Money Markets **Checking Accounts** Stocks/Bonds/Treasury Bills Insurance Other Investments IRA, Keogh Annuities, Deferred Compensation Personal Property held as an investment (i.e., gems, jewelry, coin collections, antique cars, etc.) Vehicles: Cars, Trucks, Boats, Trailers, etc. #2 Make #1 Model Year Value Balanced Owed

INCOME INFORMATION

2016 HOUSEHOLD INCOME

2016 HOUSEHOLD INCOME	
SOURCE	AMOUNT PER YEAR
Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc.	TER YEAR
, 1-ps, clear, Strike, and sub-pay, etc.	S
Social Security/SSI	3
7,001	0
Retirement Pension on A. L. D.	S
Retirement Pension or Annuity Benefits (Includes Military Retirement Pay)	
Interest and/or Distance	\$
Interest and/or Dividends (includes non-taxable interest)	
	S
Rent/Business or Royalty Income	
The state of the s	S
Disability Payments (Worker Comp. Veterans Disability Payments)	
Disability Payments (Worker Comp, Veterans Disability, Pension Benefits)	S
ADC, SFA, SDA, RAP/REP (Attach a copy of DSS Annual Statement)	
(Attach a copy of DSS Annual Statement)	S
Alimony	•
	S
Child Support	3
Physic	S
Unemployment Benefits	3
- manipoliment benefits	6
Other Nonton II	S
Other Nontaxable Income (Military Family Allotments, College Scholarships, Grants.	
	\$
Less Amount YOU PAY for Medical Insurance	
Tot Medical Insurance	S
OUR TOTAL INCOME	3
A COME	
DD INCOME FOR ALL MENOR	
ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD (not claimed as dependents) AS HOWN ON FIRST PAGE OF APPLICATION	6
	\$
OTAL HOUSEHOLD INCOME FOR 2016	
	S

I DECLARE UNDER PENALTY OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED IN MY APPLICATION FOR HARDSHIP EXEMPTION IS TRUE.

2017 Assessed	d Value	FOR OFFICE USE ONLY			
Income x	% = Non-refundable Taxes				
Senior:	Non-Refundable + 1200 =		Rate		Minimum A.V.
	Warner Company of the	/		=	
All Other:	Non-Refundable + 1200 =	/		==	
ncome	Estimated Net 7	ax	0/ 07		
Comments:			% of Income _		