### STATE OF MICHIGAN COUNTY OF WASHTENAW AUGUSTA CHARTER TOWNSHIP RESOLUTION ADOPTING POVERTY/HARDSHIP **GUIDELINES FOR CALANDER YEAR 2021 BOARD OF REVIEW**

#### **RESOLUTION 21-03**

At a regular meeting of the Augusta Charter Township Board of Trustees, Washtenaw County, Michigan, held in the Board Chambers at 8021 Talladay Road, Whittaker, Michigan 48190, on the 9th day of February 2021 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 following 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 Resolution was offered by Gonczy and seconded by Adams. Roll Call: Aye; Adams, Burek, Gonczy, Fuqua-Frey, Hall, Shelby. Nay; None Absent; Ortiz Motion Passed.

RESOLUTION DECLEARED ADOPTED. Shelly
Brian Shelby, Augusta Charter Township, Supervisor

#### CERTIFICATE

I, Kimberly Gonczy, 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 February 9, 2021, 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.

## AUGUSTA CHARTER TOWNSHIP BOARD OF REVIEW GUIDELINES FOR HARDSHIP EXEMPTIONS FOR 2021

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.
- 5. 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

\$21,200 - 1 member households

\$28,600 – 2 member households

\$36,000 - 3 member households

\$43,400 - 4 member households

\$50,600 - 5 member households

\$58,000 - 6 member households

\$65,400 - 7 member households

\$72,800 – 8 member households

\$7,400 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.

- 7. Applicants may be ineligible if their level of assets exceeds \$25,000 per household member.
- 8. Meeting the guidelines does not automatically qualify an applicant for an exemption. The Board of Review will take into account the expenses and extenuating financial circumstances which are temporarily beyond the control of the applicant.

# 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 completed and signed copy of the following:
  - 2020 Michigan Homestead Property Tax Credit Claim (MI 1040 CR)
  - 2020 Federal Income Tax Return (1040), if you are required to file federal income tax.
  - 2020 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 "2020 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, i.e.: Federal Income Tax Forms; you will be ineligible for a hardship reduction.

YEAR	2021
LUCK	4041

PARCEL I.D	
APPEAL NO	

# APPLICATION FOR ONE YEAR HARDSHIP REDUCTION CONFIDENTIAL INFORMATION AUGUSTA CHARTER TOWNSHIP ASSESSOR'S OFFICE

					AGE
PPLICANT	r's name				AGE
AME OF S	POUSE (if applicable)	-			AUI
ROPERTY	ADDRESS FOR WHIC	CH RELIEF IS BEIN	G SOUGHT		
OO YOU CL	AIM THIS PROPERT	Y AS YOUR HOMES	STEAD (Primary Resid	lence)?	YES () NO
	IE NUMBER				
ELEPHON	E NUMBER				
- EMPLOYM	ENT STATE AND NAP	ME OF EMPLOYER	3		ARE YOU DISABLED?
	EMPLOYED		EMPLOY	YER	
SELF	() YES () NO	( ) FULL TIME			SELF () YES () NO
		( ) PART TIME			SPOUSE () YES () NO
SPOUSE	( ) YES ( ) NO	( ) FULL TIME ( ) PART TIME			SI 000m   ( ) 120 ( ) 4 m
Do you ha			-POCKET expense	s? If yes, please	list them below and provide
				waym enough.	
LIST ALL	PERSONS LIVING IN	тніѕ номе отні	ER THAN YOU OR		
LIST ALL	PERSONS LIVING IN	THIS HOME OTHI	ER THAN YOU OR	YOUR SPOUSE:	4
	PERSONS LIVING IN				4
	PERSONS LIVING IN				4
Name					4
Name Age	nîp				4
Name Age Relationsh	nip on	1			

Attach additional sheet, if needed.

### PROPERTY INFORMATION

Purchase Date:	<del></del>		Purchase Price: last 3 years)		( if purchased in	
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 If yes, please explain:				
Do you own this property free and	clear? ( ) Yes (	) N 0				
Are the taxes included in payment	? ( ) Yes (	) No				
Are property taxes current? If not, amount past due	( ) Yes (	) No	1			
ASSET INFORMATION						
Do you have an ownership inter- Michigan or anywhere else? (	est in any other rea Yes ( ) No If	al estato yes, plea	e ( including owners se list ( attach add	rship via partne itional sheet if no	rships, corporation, etc.) in eeded).	
Location	Value	Typ	oe of Use	Purchase Dat	e <u>Purchase Price</u>	
What are your assets in addition to Cash Savings Accounts/Certificates & It Checking Accounts Stocks/Bonds/Treasury Bills Insurance Other Investments	o real estate?	\$ - \$ - \$ - \$ -				
IRA, Keogh Annuities, Deferred	Compensation	\$ _				
Personal Property held as an inv (i.e., gems, jewelry, coin collection	estment ns, antique cars, etc.	) \$ .				
Vehicles: Cars, Trucks, Boats,	Frailers, etc.					
Make	#1		#2		#3	
Model		<del> </del>				
Year						
Value	<u> </u>	3.		10 60 31		
Balanced Owed		<del>- 2</del>			5	

#### 2020 HOUSEHOLD INCOME

SOURCE	AMOUNT PER YEAR
Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc.	\$
Social Security/SSI	S
Retirement Pension or Annuity Benefits (Includes Military Retirement Pay)	\$
Interest and/or Dividends (includes non-taxable interest)	S
Rent/Business or Royalty Income	\$
Disability Payments (Worker Comp, Veterans Disability, Pension Benefits)	\$
ADC, SFA, SDA, RAP/REP (Attach a copy of DSS Annual Statement)	\$
Alimony	\$
Child Support	\$
Unemployment Benefits	\$
Other Nontaxable Income (Military Family Allotments, College Scholarships, Grants.	\$
Fellowships, Etc.) Less Amount YOU PAY for Medical Insurance	\$
YOUR TOTAL INCOME	
ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD (not claimed as dependents) AS SHOWN ON FIRST PAGE OF APPLICATION	\$
TOTAL HOUSEHOLD INCOME FOR 2020	\$

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

		SIGNED:			
	FOR C	FFICE USE ONLY			200
2021 Assessed V	alue				
Income x	% = Non-refundable Taxes	·			
			Rate		Minimum A.V.
Senior:	Non-Refundable + 1200 =			=	
All Other:	Non-Refundable + 1200 =			- =	
Income	Estimated Net Tax		% of Income		<u> </u>
Comments:				- %-	
2021 B/R Recor	nmendations/Decisions		<u> </u>		· · · · · · · · · · · · · · · · · · ·