

CITY OF RIVER ROUGE

2018 POVERTY EXEMPTION APPLICATION

Michigan Law requires that you supply certain information to the Board before the Board can grant a hardship reduction.

YOU MUST BRING IN THE FOLLOWING COPIES:

(WE DO NOT MAKE COPIES)

IF YOU DO NOT BRING COPIES YOUR HARDSHIP WILL NOT BE APPROVED.

- 1. The fully completed and signed application form, which includes a complete listing of all persons residing in the home, showing their age, employment/disability status, and income.**
- 2. Supply the board with a copy of your 2017 federal and state income tax returns. (THE LAW REQUIRES THE APPLICANT TO FILE AND PRODUCE AN INCOME TAX RETURN EVEN IF THAT RETURN IS ZERO FILING ALSO MUST HAVE A COPY OF YOUR HOMESTEAD CREDIT).**
- 3. You must supply the board with a copy of homestead property tax credit claim.**
- 4. Supply the board with copies of proof of income, (copy of social security check, social security statement, pay stub, W-2 etc.)**
- 5. Copy of drivers license or state id.**

The application along with copies of income must brought into our office or mailed to 10600 West Jefferson River Rouge, MI 48218.

If you do no summit all of the above information, the board cannot and will not grant a hardship reduction. The hardship application and all copies must be in the Treasurer's office or Assessor's office no later than MARCH 9TH 2018

Date and time for the March Board of Review meeting is:

March 12th 2018	9:00 am – 12:00pm
	1:00 pm – 4:00 pm
March 13th 2018	9:00 am – 12:00 pm
March 14th 2018	6:00 pm to 9:00 pm
March 15th 2018	9:00 am – 12:00 pm

INCOME GUIDELINES

Income limitations shall be those established by the River Rouge City Council, in adherence with Public Act 390 of 1994. For the tax year 2017, applicable income limitations are as follows:

Family of 1	Combined household income	\$13,100
Family of 2	Combined household income	\$16,600
Family of 3	Combined household income	\$20,900
Family of 4	Combined household income	\$24,600
Family of 5	Combined household income	\$28,780
Family of 6	Combined household income	\$32,960
Family of 7	Combined household income	\$37,200
Family of 8	Combined household income	\$41,400
Each additional person		4,190

2018

CITY OF RIVER ROUGE POVERTY EXEMPTION APPLICATION APPLICATION TO BE FILLED OUT COMPLETELY INCOMPLETE APPLICATIONS WILL BE DENIED CONFIDENTIAL INFORMATION

NAME: _____ TELEPHONE: _____

ADDRESS APPEALED: _____

AGES: _____ NUMBER OF PERSONS IN HOME: _____

ASSESSED VALUE: _____ TAXABLE VALUE: _____

MARITAL STATUS:

MARRIED WIDOWED SEPARATED DIVORCED SINGLE

EMPLOYMENT STATUS:

FULL TIME PART TIME RETIRED UNEMPLOYED UNABLE TO WORK

DO YOU OWN THE PROPERTY?

YES NO

DID YOU FILE A PROPERTY TAX CREDIT CLAIM?

YES NO

IS THE PROPERTY PAID IN FULL?

YES NO

IF NOT, WHAT IS THE BALANCE OWING?

\$ _____

WHAT IS THE MONTHLY PAYMENT?

\$ _____

ARE THE TAXES PAID IN FULL?

YES NO

DO YOU OWN ANY OTHER PROPERTY?

YES NO

IF SO, WHAT IS THE ADDRESS?

DO YOU RECEIVED RENTAL INCOME?

YES NO

DO YOU RECEIVE INCOME FROM BONDS, SAVINGS
ACCOUNTS, CERTIFICATES OF DEPOSIT, ETC.

YES NO

ARE YOU RECEIVING SOCIAL SECURITY?

(YES) (NO)

ARE YOU RECEIVING UNEMPLOYMENT?

(YES) (NO)

ARE YOU RECEIVING S.S.I.?

(YES) (NO)

ARE YOU RECEIVING HELP FROM DHS

(YES) (NO)

EMPLOYER: _____

EMPLOYER ADDRESS: _____ PHONE # _____

NUMBER OF YEARS: _____

LIST ALL PERSONS LIVING AT THE ABOVE ADDRESS

NAME	RELATIONSHIP	EMPLOYMENT STATUS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**YOU MUST PROVIDE PROOF OF INCOME TO THE BOARD OF REVIEW
LIST ALL INCOME FOR EVERY PERSONS LIVING AT THE ABOVE ADDRESS**

NAME	YEARLY INCOME	SOURCE OF INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CITY OF RIVER ROUGE POVERTY EXEMPTION APPLICATION
*PLEASE PROVIDE THE BOARD WITH COPIES OF THE FOLLOWING***

MONTHLY EXPENSES

INSURANCES

MORTGAGE: \$ _____
HEAT: \$ _____
WATER: \$ _____
ELECTRIC: \$ _____
TELEPHONE: \$ _____
CREDIT CARDS: \$ _____
DOCTOR BILLS: \$ _____

AUTOMOBILE: \$ _____
HOME: \$ _____
LIFE: \$ _____
MEDICAL: \$ _____
FOOD: \$ _____
CLOTHING: \$ _____
OTHER: \$ _____

PLEASE READ CAREFULLY

I/We, am/are unable to pay the full property taxes on the above described property in accordance with section 211.7u Michigan Compiled Laws. I/We 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 in accordance with Section 211.119 Michigan Compiled Laws.

*******WARNING:** A person making a false statement on this affidavit is guilty of perjury.

Relative to the above stated acknowledgment, I request the City of River Rouge Board of Review grant this poverty exemption.

PETITIONER(S) SIGNATURE(S)

CO-OWNER(S) SIGNATURE(S)

DATE: _____