

City of River Rouge
 10600 West Jefferson Avenue Ste. 1
 River Rouge, Michigan 48218
 Telephone: (313) 842-7822

2019 City of River Rouge Hardship Poverty Exemption Application



FOR OFFICE USE ONLY:

Parcel# _____ School District _____ Petition No. _____
 Assessed Value _____ Taxable Value _____ HS _____

PETITIONER INFORMATION

DATE OF BIRTH _____ Phone _____
 Yourself: _____ Daytime: _____
 Spouse: _____ Evening: _____

Marital Status

Married _____ yrs. Separated _____ yrs.
 Widowed _____ yrs. Divorced _____ yrs. **A copy of your judgment of divorce is required.*
 Single _____

Property Address for Which Relief is Being Sought: _____

How Many Years Have You Resided at This Address? _____

OTHER OCCUPANTS/CO-OWNER INFORMATION

List each individual currently living in your household *other than yourself and your spouse*,
also list any co-owners who are not living in your household:

| | | | | |
|-------------------------|---|---|---|---|
| Name | | | | |
| Age | | | | |
| Relationship | | | | |
| Occupation | | | | |
| 2018 Income | \$ | \$ | \$ | \$ |
| Household Contribution? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Claimed as a Dependent? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

EMPLOYMENT INFORMATION (If not currently employed, indicate most recent employment)

Occupation (Yourself): _____

Employer: _____ Ph: _____

Address: _____

- Employed Full-time # of Years: _____
- Employed Part-time # of Years: _____ Average number of Hours Worked per Week: _____
- Retired # of Years: _____ Are you receiving Social Security? Yes No Pension? Yes No
- Disabled # of Years: _____ Are you receiving S.S.I. or other Disability Benefits? Yes No
- Laid-Off # of Years: _____ Anticipated Call Back Date (if known): _____
- Unemployed # of Years: _____ Are you receiving Unemployment Compensation? Yes No
When do the Unemployment Benefits Expire? _____

Occupation (Spouse): _____

Employer: _____ Ph: _____

Address: _____

- Employed Full-time # of Years: _____
- Employed Part-time # of Years: _____ Average number of Hours Worked per Week: _____
- Retired # of Years: _____ Are you receiving Social Security? Yes No Pension? Yes No
- Disabled # of Years: _____ Are you receiving S.S.I. or other Disability Benefits? Yes No
- Laid-Off # of Years: _____ Anticipated Call Back Date (if known): _____
- Unemployed # of Years: _____ Are you receiving Unemployment Compensation? Yes No
When do these Unemployment Benefits Expire? _____

HEALTH INFORMATION

Describe any disabilities or health problems that impact your employment &/or financial situation:

ASSET INFORMATION

What are the current assets of **all** individuals living in your household, as well as any co-owners who are not living in your household?

ENTER \$0 IF NONE

| | | | |
|---|----|----|----|
| Cash | \$ | | |
| Checking Accounts | \$ | | |
| Saving Accounts/Certificates of Deposit/Money Market Accounts | \$ | | |
| Stocks/Bonds/Treasury Bills/Mutual Funds | \$ | | |
| IRA's/Keoghs/Annuities/401K's/Deferred Compensation Plans | \$ | | |
| Life Insurance (Cash Value) | \$ | | |
| Vacation Property/Rental Property/Co-Owner's Home | \$ | | |
| Personal Property Held as an Investment (i.e. Jewelry, Coins, etc.) | \$ | | |
| Other | \$ | | |
| Cars/Boats/RV's/etc. | #1 | #2 | #3 |
| Make/Model | | | |
| Year | | | |
| Estimated Value | | | |
| Balance Owed | | | |

LIABILITY INFORMATION

What are the current liabilities of **all** individuals living in your household? And to who are they paid? (Indicate the average monthly bill.)

ENTER \$0 IF NONE

| | |
|--|----|
| Mortgage Payment (A copy of your mortgage payment coupon or land contract is required) | \$ |
| Car Payment | \$ |
| Medical Bills | \$ |
| Telephone | \$ |
| Heat | \$ |
| Electrical | \$ |
| Cable | \$ |
| Water | \$ |
| Other | \$ |

If you purchased this home in the past five years, do you have a Mortgage? () Yes () No

****IMPORTANT:** If the answer is YES, **a copy of your “Uniform Residential Loan Application” is required.**

(This document should have been provided to you at your closing. If you are unable to locate it, you will need to obtain a copy from your mortgage company.)

INCOME SUMMARY Include all taxable and nontaxable income for all individuals living in your household as well as any co-owners who are not living in your household. (Please use a separate line for each person’s figures.)

| | 2019 Anticipated | 2018 Total | Current Monthly Amount |
|--|-----------------------------|-------------------|-----------------------------------|
| Wages, Salaries, Tips, etc. | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Pensions | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Social Security Benefits | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| S.S.I. Benefits | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| F.I.P./D.H.S. Benefits | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Unemployment Compensation | \$ | \$ | \$ |
| Disability Benefits (other than S.S.I.) | \$ | \$ | \$ |
| Workmen’s Compensation | \$ | \$ | \$ |
| Alimony | \$ | \$ | \$ |
| Child Support | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Other Income or Financial Assistance | \$ | \$ | \$ |
| of Any Kind (Specify the Source) | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |

IMPORTANT

INCOME & ASSET VERIFICATION

Attach photocopies of the following documents for each individual currently residing in the household, as well as any co-owners who are not residing in the household:

Most recent Statement of Account for every asset account each individual has (Checking, Savings, IRA's, Investments, etc.)

2018 Michigan Homestead Property Tax Credit Claim* (MI1040CR or 1040CR-2)

2018 Michigan Income Tax Return* (MI-1040)

2018 Federal Income Tax Return* (Federal 1040 or 1040A)

*You must also provide the documents that substantiate each of the dollar figures listed on the above tax forms, such as:

W-2 Forms, Social Security Benefit Statements, FIA Benefit Statements, Workmen's Compensation Benefit Statements, Interest Income Statements, Dividend Income Statements, Pension Benefit Statements, SSI Benefit Statements, Public Assistance Benefit Statements, General Assistance Benefit Statements, Child Support Documentation, Alimony Documentation, etc.

THE APPLICATION PROCESS

- 1) Bring your completed application to the Assessor's Office no later than the deadline date mentioned on the cover letter you received.
- 2) Your application will not be considered *complete* unless you have provided all required supporting documentation, as referred to in the gray shaded areas on this application. (Photocopying service is available at the Assessor's Office.)
- 3) After we have received your completed application, an appointment will be scheduled for you to appear before the Board of Review.
- 4) All applicants must appear before the Board of Review in person, unless a written medical excuse is provided by their doctor at the time their application is submitted.

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)

