

CITY OF BENTON HARBOR POVERTY GUIDELINES

Eligibility Requirements of The City of Benton Harbor, Berrien County, Michigan

To be eligible, a person shall do all the following on an annual basis:

1. Be an owner of and occupy as a homestead the property for which an exemption is requested.
2. File a claim with the Board of Review, accompanied by Federal and State income tax returns for all persons residing in the homestead, including any property tax credit returns filed in the immediately preceding year or in the current year.
3. Produce a valid driver's license or other form of identification if requested.
4. Produce a deed, land contract, or other evidence of ownership of the property for which exemption is applied for.
5. Meet the Federal poverty income standards as defined and determined annually by the United States Office of Management and Budget.
6. The application for an exemption shall be filed after January 1 but prior to the adjournment of March, July or December Board of Review of the year applied for.

The following are the Federal poverty income standards which the United States Office of Management and Budget recommends that Federal departments and agencies use. The standards are actually compiled and published by the Bureau of the Census which refers to them as "poverty thresholds".

The governing body of the local assessing unit has the option of considering the age of the resident(s) when establishing their guidelines. This provision applies only when one or two persons reside in the homestead, because there are no age-related thresholds for three or more persons in the homestead.

The following are the poverty thresholds as of December 31, 2020 for use in setting poverty exemption guidelines for the 2021 assessments.

Size of Family Unit	Poverty Guidelines
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120
For each additional person, add	\$ 4,480

IMPORTANT NOTE: PA 390 OF 1994 STATES THAT THE POVERTY EXEMPTION GUIDELINES ESTABLISHED BY THE GOVERNING BODY OF THE LOCAL ASSESSING UNIT SHALL ALSO INCLUDE AN ASSET LEVEL TEST.

*Claimant may not own more than one (1) vehicle per licensed driver in household.

*Claimant may not exceed more than \$6,000 of value in assets, excluding homestead and vehicle.

*Claimants amount of tax liability to be determined by the Board of Review.

HARDSHIP EXEMPTION APPLICATION

I, _____, being the owner and resident of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act. The real and personal property of persons who, in the judgment of the supervisor and board of review, by reason of poverty are unable to contribute toward public charges is eligible for exemption in whole or in part from taxation under this act.

Property Code Number: _____

Property Address: _____

Phone: () _____ Marital Status: _____

Age of applicant: _____ Age of Spouse: _____

Number of dependents: _____ Age of dependents: _____

Have you applied for Homestead Property Tax Credit this year? _____

How much was your Property Tax Credit? _____

****Attach copy of 1040 CR and federal or state income tax return for each person residing in the homestead, if filed for the current or preceding year****

REAL ESTATE:

Is home paid for? _____ Unpaid Balance: _____

Name of mortgage company: _____ Monthly payment: _____

How long have you lived at this residence? _____

Do you own, or are you buying any other property? _____

If so, list below:

Property Address	Name of Owner	Assessed Value	Amount & Date of Last Taxes Paid

Income earned from above property: _____

Name of employer: _____

Employer's Address: _____

Employer's Phone Number: () _____

List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, workers' compensation, dividends, claims and judgments from lawsuits, alimony, child support, and any other source.

Source of Income	Monthly or Annual Amount

Savings and Investments: List all savings owned by you or your spouse, including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds or similar investment.

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment

Life Insurance: List all policies held by you and your spouse.

Insured	Amount of Policy	Amount Paid Monthly	Paid up Policy	Name of Beneficiary	Relationship to Insured

Motor Vehicles in Household:

Make	Year	Monthly Payment	Balance Owed

List All Persons Living In Household:

Name	Age	Relationship to Claimant	Place of Employment	Contribution to Family Income

Personal Debts:

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

Monthly Expenses:

Utilities: _____ Food: _____ Phone: _____

Clothing: _____ Heat: _____ Car Expense: _____

Other (specify): _____

Other Assets: List all other assets and their values that are owned or controlled by you. (For example, boats, coin collection, antiques, silver)

Please state the reason for your request: _____

NOTICE: Any willful misstatements or misrepresentations made on this form may constitute perjury, which, under the law, is a felony punishable by fine or imprisonment.

NOTICE: A copy of your latest federal income tax return, state income tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040 CR 1, 2, 3 or 4) must be attached as proof of income.

NOTE: Do not sign until witnessed by the Assessor, Board of Review or Notary Public.

STATE OF MICHIGAN, COUNTY OF BERRIEN, CITY OF BENTON HARBOR

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

Applicant Signature: _____

Print Name: _____

Subscribed and sworn this _____ day of _____ 2019

Signature: _____
Assessor, Board of Review Member or Notary Public

This application shall be filed after January 1, but before the day prior to the last day of Board of Review: