

**COLUMBIA TOWNSHIP
HARDSHIP PROPERTY TAX REDUCTION RULES AND REGULATIONS**

The Columbia Township Board of Review will accept and evaluate applications for hardship property tax reduction or exemption based on the taxpayer's financial status and ability / inability to pay their property taxes in accordance with Public Act 390 of 1994. This hardship reduction is only available to residents of Columbia Township for their Principle Residence or Qualified Agricultural Property. The taxpayer must complete an application for a one year hardship reduction or exemption and submit it to the Columbia Township Board of Review as outlined in the guidelines below. Applications are available at the Columbia Township Office.

The following standards for income will be applied: The Bureau of the Census defines income to include the following:

1. Money wages and salaries before any deductions
2. Net receipts from non-farm self-employment. These are receipts from a person's own business, professional enterprise, or partnership, after deductions for business expenses.
3. Net receipts from farm self-employment. These are receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses.
4. Regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veterans' payments, public assistance (including Aid to Families with Dependent Children, Supplemental Security Income, Emergency Assistance money payments, and non-Federally-funded General Assistance or General Relief money payments).
5. Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household.
6. Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments.
7. College or university scholarships, grants, fellowships, and assistantships.

GUIDELINES FOR HARDSHIP EXEMPTION

1. Applicants may be eligible for consideration if their income level meets one of the following criteria:
 - A. Applicants with income levels falling within the Federal Poverty Guidelines will be considered for full tax exemption
 - B. Applicants with income levels equaling 1.5 times the Federal Poverty Guidelines will be considered for full or partial exemption depending on obligations.
 - C. **Special Circumstance, Active Military Head of Household exemption:**
 In instances where the head of household wage earner is a member of the US Military Reserves and is called to active military duty, a hardship exemption may be granted. To be eligible for a full or partial hardship exemption, the wages earned must fall within an income level not greater than twice the Federal Poverty Guidelines. The eligibility will be determined following analysis of qualifying income vs. expenses in the initial application. The time period allowed for this special circumstance hardship exemption relief would be restricted to no more than three years of active duty.

2016 FEDERAL POVERTY GUIDELINES

<u>Number of persons</u> <u>Residing in Homestead</u>	<u>Poverty Threshold</u>
1 person	11,880.00
2 persons	16,020.00
3 persons	20,160.00
4 persons	24,300.00
5 persons	28,440.00
6 persons	32,580.00
7 persons	36,730.00
8 persons	40,890.00
1 each additional person	4,160.00

2. The application for exemption must be for the owners Principle Residence or for Qualified Agricultural Lands.
3. Applicants must own and occupy the property.
 - a. Must produce a valid driver’s license, voter’s registration or other acceptable method of identification & establishing residence.
 - b. Must produce a deed, land contract or other evidence of ownership if requested by the Assessor or Board of Review.
4. Applicant must fill out application form in its entirety and return it to this office in advance of Board of Review meeting for evaluation.

5. Applicant must appear at the Board of Review in person and the application must be signed in the presence of the Board of Review unless infirmity or disability does not allow. In such cases applicants must contact the assessing office to make alternative arrangements. You may have to answer questions regarding your financial affairs, your health, and/or the status of people living in your home at this meeting that is open to and may be attended by the public at large.
6. Application must be submitted with copies of the following:
 - a. Current or last year Federal Income tax Return – 1040 or 1040A
 - b. Current or last year State Income Tax Return – MI-1040
 - c. Current or last year Homestead Property Tax Claim – MI-1040CR
7. Applicants appearing before the Board will be administered an oath, as follows:

“Do you _____ swear and affirm that evidence and testimony you will give in your own behalf before the Board of review is the truth, the whole truth, and nothing but the truth.”

Applicant responds, “I do” or “I will”.
8. Applicants will be evaluated based on:
 - a. Data submitted to the Board by petitioner.
 - b. Testimony taken from petitioner and information gathered from any source the Board may wish to use.
9. The Board will also consider all assets owned by petitioner in its deliberations as to whether relief should be granted.
10. The applicant must have total household assets (excluding the real estate value of the homestead) of less than \$30,700. The asset value shall be determined by the Assessor and Board of Review. The asset limit shall be indexed annually by the CPI as used to determine the annual assessment cap.
11. The asset value of a property will be considered by the Board of Review. Applicants having real estate assets of greater than \$153,500 may not qualify for property tax relief.
12. The Board must evaluate tax relief based on hardship annually.
13. A successful applicant may be subject to personal investigation by the Township. This would be done only to verify information submitted or statements made to the Assessor or Board of Review concerning their hardship tax exemption claim.
14. The Assessor may tape record and will keep minutes of all proceedings before the Board of Review.

Parcel Code _____ Appeal No. _____

**Columbia Township
Application for One Year Hardship Exemption**

Complete this form and return it along with documentation supporting information disclosed on pages 5-8 of this application. The board must have this information to review you request for a Hardship Exemption.

NAME _____

ADDRESS _____

PHONE NO. _____

LIST ALL PERSONS LIVING IN HOUSEHOLD:

Name	Age	Relationship to Claimant	Place of Employment	Contribution to Household Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOUSEHOLD INCOME DECLARATION

<u>SOURCE</u>	<u>AMOUNT PER MONTH</u>	<u>AMOUNT PER YEAR</u>
Wages/Salaries/Tips	\$ _____	\$ _____
Social Security/SSI	\$ _____	\$ _____
Pension or Retirement	\$ _____	\$ _____
Interest and/or Dividends	\$ _____	\$ _____
Rent/Business or Royalty Income	\$ _____	\$ _____
Disability Payments	\$ _____	\$ _____
ADC	\$ _____	\$ _____
General Assistance	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____

Income of Other Members of Household	\$ _____	\$ _____
Other Source of Income	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____

OBLIGATIONS: (Monthly expenses)

House payment	\$ _____	Alimony/support	\$ _____
Property taxes	\$ _____	Auto loan	\$ _____
Utilities:		Food/Household	\$ _____
Electricity	\$ _____	Clothing	\$ _____
Heat	\$ _____	Laundry	\$ _____
Water/sewer	\$ _____	Medical	\$ _____
Telephone	\$ _____	Transportation	\$ _____
Cable TV	\$ _____	Recreation	\$ _____
Other	\$ _____	Education	\$ _____
Home Maint.	\$ _____	Child care	\$ _____
Income taxes	\$ _____	School supplies	\$ _____
Insurance	\$ _____	School lunches	\$ _____
Health	\$ _____	Newspaper	\$ _____
Life	\$ _____	Hair care	\$ _____
Auto	\$ _____	Dental	\$ _____
Home	\$ _____	Charity	\$ _____
Other	\$ _____	Other (please list)	\$ _____

DEBT

Name and Address of Creditor	Payment Amount (per week or month)	<u>Balance</u>
1. _____ _____	\$ _____	\$ _____
2. _____ _____	\$ _____	\$ _____
3. _____ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____

5. _____ \$ _____ \$ _____

ASSETS:

PROPERTY INFORMATION

Year Property was purchased _____
Do you own this property free and clear? _____
If not, monthly payment _____
Are taxes included in payment? Yes _____ No _____
Are property taxes current? Yes _____ No _____
If no, amount past due _____

OTHER REAL ESTATE

(including ownership or joint ownership via Partnership, corporations, etc.)

Location	SEV	Type of Use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SAVINGS AND INVESTMENTS:

Institution	Name on Account	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER ASSETS:

MOTOR VEHICLES IN HOUSEHOLD:

Make/Model	Year	Monthly Payment	Balance Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MISCELLANEOUS ASSETS: (Example : Boats, Campers, ATVs, antiques or collectibles)

Description	Value	Owner
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND TRUE.

SIGNED: _____

PRINT NAME _____

Subscribed and sworn to before me this ____ day of _____, 200_.

Assessing Officer or Secretary, Board of Review