

CITY OF SOUTH HAVEN
APPLICATION FOR SPECIAL ASSESSMENT INSTALLMENT POVERTY EXEMPTION

The Board of Review is allowed to take action on Special Assessment Installment Poverty Exemption Applications during the March Board of Review appeal hearings, or during the July Board of Review, (the Tuesday following the third Monday in July), or during the December Board of Review, (the Tuesday following the second Monday in December.)

I, _____, being the owner and principal resident of the homestead property listed and described below hereby apply for special assessment installment payment relief pursuant to the provisions of MCL 211.7u of the General Property Tax Act.

Special Assessment Code No. _____ Property Description _____
_____ Property Address _____
_____ Applicant telephone No. _____
_____ Marital Status _____

Name of Spouse, if Applicable _____

Total number of household members _____

Name and relationship to you of each and every member of your household

Have you applied for Homestead Special Assessment Credit _____ Refund Amount _____
(If so, attach a copy of MI-1040CR)

PROPERTY INFORMATION

Is your home paid for If not, name of lender _____ Balance owed _____

How long have you lived at this residence?

Do you own, or are you buying or have an interest in, any other real property?

Property Address	Owner	Assessed Value	Amount and Date of Taxes Paid
_____	_____	_____	_____
-	-	-	-

Income received from other real property

EMPLOYMENT INFORMATION

Name and Address of Employer of Head of Household

How long employed there _____ Job Title _____

HOUSEHOLD INCOME INFORMATION

List all household income from all sources for each member of the household

<u>Household Member</u>	<u>Source of Income</u>	<u>Amount of Periodic or Annual Income</u>
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Attach a copy of your most-recent state and federal income tax return forms.

HOUSEHOLD ASSET INFORMATION Savings and Investments

Name of Institution or Investment Amount of Deposit or value Name of Owner of Investment

Divestment of Assets

Provide the names and/or descriptions of any assets, and the current value of those assets, which you have transferred to any other persons, firms, or organizations, and the names of such persons, firms, or organizations to whom the assets were transferred, within the past 36 months.

Motor Vehicles in the Household

Make	Year	Owned by	Used for	Paid off or Balance Owed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Life Insurance

Insured Person Insurance Company Face Amount Cash Value Beneficiary

Other Household Assets

List and describe and state the value of all other assets which are not listed above which are owned or controlled by you or any member of your household. (Such as, but not limited to, jewelry, coins, precious metals, collectibles, antiques not used as household furnishings, and other similar possessions which are not essential to your subsistence, health, or wellbeing.)

AUTHORIZATION FOR VERIFICATION

I, _____, as an Applicant to the City of South for a Special Assessment Installment Poverty Exemption, hereby authorize, by my signature below, the City of South Haven to contact any person, firm, or organization which I have identified in this Application in order to verify the information I have provided herein. Additionally, I authorize any person, firm, or organization so contacted to provide any such information to the city of South Haven as requested. I am aware that any willful inaccuracies, misstatements, or misrepresentation made by me in this application may constitute perjury, which under the law is a felony violation punishable by fine or imprisonment.

NOTICE TO APPLICANT: Do not sign this application except in the presence of the City of South Haven Assessor or Deputy Assessor, or Board of Review member.

STATE OF MICHIGAN

COUNTY OF VAN BUREN

The undersigned hereby swears that the statements made and information provided in the foregoing Application are true and that he/she has no other income, assets, or property other than that disclosed herein.

Signature of Applicant(s): _____ Date _____

Witness: _____
Assessor or Deputy Assessor Date _____

_____ Date _____
Board of Review Member

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BOARD OF REVIEW DISPOSITION

Date of Board of Review Determination

Exemption Denied _____ Exemption Approved _____

Reason for Determination: _____

Board Member Signatures: _____

Witness: _____
Assessor or Deputy Assessor

An official, written notice of determination shall be issued to the claimant. The notice shall inform the claimant of the right to appeal the Board of Review determination to the Michigan Tax Tribunal.