

CITY OF BLOOMFIELD HILLS 2023 POVERTY APPLICATION
45 E. Long Lake Road, Bloomfield Hills, Michigan 48304

Date _____

*** MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED ***

Petitioner's Name: _____ Age: _____
Address: _____
Value: _____ Parcel Number: _____

How long have you lived at this address _____
If less than ten years, please identify previous address, ownership and property value

Phone Number: _____

Marital Status: (Check One)

- | | |
|--|----------------|
| <input type="checkbox"/> Married | How Long _____ |
| <input type="checkbox"/> Divorced | How Long _____ |
| <input type="checkbox"/> Widow/Widower | How Long _____ |
| <input type="checkbox"/> Separated | How Long _____ |
| <input type="checkbox"/> Single | How Long _____ |

Employment Status: Employed Full-Time Disabled-How Long _____
 Employed Part-Time Retired
 Unemployed – How Long _____
 Laid Off – How Long _____

Occupation: _____ Employer: _____
(If Employed)

Describe any disability or health problems you have:

Spouse's Name: _____ Age: _____

Employment Status: Employed Full-Time Disabled – How Long _____
Spouse Employed Part-Time Retired
 Unemployed – How Long _____
 Laid Off – How Long _____

Occupation (Spouse): _____ Employer (How Long) _____
(SPOUSE) (If Employed)

Describe any disability or health problems spouse may have:

Please list all persons residing in or on this property which must qualify as a "Homestead" under, P.A. 237 of 1994. All residents must supply copies of:

Current Federal and Michigan Income tax returns, including a filed Michigan Homestead Property Tax Credit Form, MI-1040CR including asset information for all persons residing in the household. For those persons residing in or on this property who are not required to file Federal or State Income Tax Returns, said persons may file an affidavit with the City indicating they are not required to file said tax returns; however, the owner of the subject property must file said tax returns with the City.

Name	Age	Relationship	Employment Status	Extent of Dependence for Food, Shelter, etc.
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Are you (spouse) the sole owner(s) of the property, and do you (spouse) occupy the property for which the reduction is requested?

Own: Yes No

Occupy: Yes No

Do you have an ownership interest in any real estate other than the above property?

Yes No

If yes, list all other real estate:

Have any improvements, additions, or changes been made to the property for which the reduction is requested, in the last two (2) years? Yes No

If so, please explain:

Is there a mortgage or a land contract on your property? Yes No

If so, what is the monthly mortgage or land contract payment? \$ _____
 With Taxes Without Taxes

When will the mortgage or Land Contract be paid off? _____

What is the unpaid balance on the mortgage or land contract? \$ _____

Are the taxes paid? Yes No

When did you purchase this property? _____

What was the purchase price? \$ _____

Did you seek property tax relief last year? () Yes () No

Spouse or household occupant #1

Name: _____ Age: _____ Relationship: _____

Please list all sources of your personal income, indicate the amount from each source on an annual basis:

Employment	\$ _____
Pension	\$ _____
Social Security	\$ _____
Unemployment Compensation	\$ _____
Workman's Compensation	\$ _____
Welfare Assistance – ADC	\$ _____
Alimony	\$ _____
Interest/Dividends	\$ _____
Child Support	\$ _____
Insurance	\$ _____
Gifts (Cash, Other)	\$ _____
Other	\$ _____

What are your current assets: (Please provide balances as of 12-31-2022)

Cash/ Checking Account	\$ _____
Savings/Money Markets/CD's	\$ _____
Stocks/Bonds	\$ _____
Investments (Real & Personal)	\$ _____
Vehicles, Cars, Boats, RV's	\$ _____
Insurance	\$ _____
Gifts/Cash/Other	\$ _____

Please note that monies/credits received pursuant to MCL 206.520 (Homestead Property Tax Credit) is not income for purposes of MCL 211.7u. Payments provided through the Holocaust Restitution Program are not income for purposes of MCL 211.7u.

Additional Household Occupants (Attach additional sheets as necessary)

Name: _____ Age: _____ Relationship: _____

Please list all sources of personal income, indicate the amount from each source on an annual basis:

Employment	\$ _____
Pension	\$ _____
Social Security	\$ _____
Unemployment Compensation	\$ _____
Workman's Compensation	\$ _____
Welfare Assistance – ADC	\$ _____
Alimony	\$ _____
Interest/Dividends	\$ _____
Child Support	\$ _____
Insurance	\$ _____
Gifts (Cash, Other)	\$ _____
Other	\$ _____

Please note that monies/credits received pursuant to MCL 206.520 (Homestead Property Tax Credit) is not income for purposes of MCL 211.7u. Payments provided through the Holocaust Restitution Program are not income for purposes of MCL 211.7u.

What was the total income from all sources for everyone living in your household for the past two (2) years? *All residents must supply copies of their current year Federal and Michigan Tax returns

Current Year	\$ _____
Last Year	\$ _____

Do you anticipate any major changes in income for the coming year? () Yes () No

If so, please explain:

Do you have any major or unusual expenses? () Yes () No

If so, please explain (Attach additional sheets if necessary):

VERIFICATION OF EXPENSES MAY BE REQUIRED

Does anyone contribute to your support? () Yes () No

If so, who contributes to your support and how much is contributed?

Is anyone else able to contribute to your support? () Yes () No

Explain: _____

Do you anticipate selling the property for which relief is sought in the next year?

() Yes () No

PLEASE READ CAREFULLY:

I am unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u of Michigan Compiled Laws. I (we) have read this application and the 2022 City of Bloomfield Hills Poverty Exemption Guidelines 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, or if property is sold within the year, 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.

I also authorize a representative of the Oakland County Equalization Division (which acts as the Bloomfield Hills Assessor and Staff) and/or the Bloomfield Hills Board of Review and/or any of its members to physically inspect my property at some point during the course of this year to ensure accuracy of the property appraisal record card.

APPLICANT SIGNATURE: _____

DATE: _____

SPOUSE SIGNATURE: _____

DATE: _____