

SPARTA TOWNSHIP

160 E. Division St. • Sparta, MI 49345-1330

Phone (616) 887-8863 • Fax (616) 887-3823

POVERTY EXEMPTION APPLICATION (STC Approved Format 11/16)

In order to be considered complete, this application must: 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.

PERSONAL INFORMATION: Petitioner must list all required personal information.

Parcel Number:	41-05-
Property Address of Principal Residence:	
Daytime Phone Number:	
Age of Petitioner:	
Marital Status:	
Number of Legal Dependents:	
Age of Spouse:	
Age of Dependents:	
Applied for Homestead Property Tax Credit (yes or no):	
Amount of Homestead Property Tax Credit:	

EMPLOYMENT INFORMATION: List your current employment information.

Name of Employer:	
Name of Contact Person:	
Address of Employer:	
Employer Phone Number:	

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REAL ESTATE INFORMATION: List the real estate information related to your principal residence. Be prepared to provide a deed, land contract or other evidence of ownership of the property.

Parcel Number:	
Current Value:	
Unpaid Balance Owed on Principal Residence:	
Monthly Payment:	
Length of Time at This Residence:	

ADDITIONAL PROPERTY INFORMATION: Do you own or are buying other property? (circle one) yes or no. If yes, complete the information below. List information related to any other property you, or any household member owns.

Amount of Income Earned from Other Property:	
Property Address:	
Name of Owner(s):	
Current Value:	
\$ Amount & Date of Last Taxes Paid:	

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List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRA's (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, working spouse, working dependents, friend or family contribution, reverse mortgage, or any other source of income.

Source of Income	Annual Amount

CHECKING, SAVINGS AND INVESTMENT INFORMATION: List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments.

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

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MONTHLY EXPENSE INFORMATION: The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.

Heating:	Electric:	Water:
Phone:	Cable:	Food:
Clothing:	Health Insurance:	Garbage:
Daycare:	Car Expense:	
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	

LIFE INSURANCE: List all policies held by all household members.

Name of Insured	Amount of Policy	Monthly Payment	Policy Paid in Full	Name of Beneficiary	Relationship to Insured

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LIST ALL PERSONS LIVING IN HOUSEHOLD: All persons residing in the residence must be listed.

First & Last Name	Age	Relationship to Applicant	Place of Employment	Annual Contribution to Family Income (\$)

PERSONAL DEBT: All personal debt for all household members must be listed.

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

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MOTOR VEHICLE & RECREATIONAL EQUIPMENT INFORMATION: All motor vehicles (including motorcycles, all terrain, motor homes, camper trailers, boats, personal watercraft, etc.) held or owned by any person residing within the household must be listed.

Make	Year	Current Value	Balance Owed

OTHER POSSESSIONS: Estimate the total value of all your possessions, excepting vehicles or bank accounts previously listed, such as jewelry, furniture, clothing, musical instruments, collectables, and antiques.

\$ _____

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.

STATE OF MICHIGAN
COUNTY OF KENT

I, the undersigned Petitioner, hereby declare that the foregoing information is complete and true and that neither I, nor any household member residing within the principal residency, have money, income or property other than mentioned herein.

Petitioner Signature

Subscribed and sworn this _____ day of _____, Year _____

Required Documents

(Check if attached)

Per MCL 211.7u(2b), a copy of all household members federal income tax returns, state income tax returns (MI-1040) and Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income. Documentation for all income sources including, but not limited to, credits, claims, Social Security income, child support, alimony income, and all other income sources must be provided at time of application.

- Federal Income Tax Return – 1040, 1040A or 1040EZ
- W-2 Forms
- State Income Tax Return, including MI-1040 CR
- Statement from Social Services and/or Michigan Social Services as to benefits received during the previous year if you did not file a return.
- Interest Income Statements
- Dividend Income Statements
- Pension Benefit Statements
- Unemployment Compensation
- Workman’s Compensation Benefit Statements
- General Assistance Benefit Statements
- Public Assistance Benefit Statements
- Aid Dependent Child
- Alimony Documentation
- Child Support Documentation
- Insurance
- Gifts and Other Income



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Filing and Grievance Information

This application shall be filed at the address below.

Board of Review
Sparta Township
160 E. Division St.
Sparta, MI 49345
616-887-8863

DECISIONS OF THE BOARD OF REVIEW MAY BE APPEALED IN WRITING TO THE MICHIGAN TAX TRIBUNAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE FILING.

Michigan Tax Tribunal
PO Box 30232
Lansing, MI 48909
Phone: 517-373-3003
Fax: 517-373-1633
E-mail: taxtrib@michigan.gov