

2025 POVERTY EXEMPTION POLICY, GUIDELINES and APPLICATION

Section 211.7u of the Michigan General Property Tax Act provides for a property tax exemption, in whole or part, for the principal residence of persons who, by reason of poverty, are unable to contribute to the public charges.

On January 13, 2025 the Plainwell City Council adopted the following Poverty Exemption Policy, Guidelines, and Application (the "Policy"). The Policy includes an asset and income test as required by Michigan statute along with the State of Michigan required application forms. The Board of Review is required to follow the adopted policy when approving or denying the request for poverty exemption. If a person meets all eligibility requirements, then the Board of Review must grant a full exemption equal to a 100% reduction in taxable value or a partial exemption equal to a 50% or 25% reduction in taxable value.

A taxpayer who files for a poverty exemption at the March Board of Review is not prohibited from also filing a valuation appeal on the same property in the same year at the March Board of Review. Alternatively, a taxpayer may file a poverty exemption with the July or December Boards of Review. A taxpayer may appeal a poverty exemption denial by the Board of Review to the Michigan Tax Tribunal.

To claim a poverty exemption, the application and all supporting documentation as outlined in this Policy must be submitted between January 1, 2025 and December 9, 2025 (the day prior to the December Board of Review meeting held on December 10, 2025). Handicapped or disabled applicants may call the Assessing Department at (269) 685-6821 to make necessary arrangements for assistance.

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

- 1) Be an owner of and occupy as a principal residence the property for which an exemption is requested.
- 2) File an application with the Assessor or Board of Review, accompanied by federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns filed in the immediately preceding year or in the current year.
- 3) File a claim reporting that the combined assets of all persons do not exceed the current asset guidelines. Assets include but are not limited to; real estate other than the principal residence, personal property, motor vehicles, recreational vehicles and equipment, certificates of deposit, savings accounts, checking

accounts, stocks, bonds, life insurance, retirement funds, etc.

- 4) Produce, if requested, a valid driver's license or other form of identification.
- 5) Produce, if requested, a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
- 6) Meet the federal poverty income guidelines as defined and determined annually by the United States Department of Health and Human Services or alternative guidelines adopted by the governing body providing the alternative guidelines do not provide eligibility requirements less than the federal guidelines.
- 7) The application for an exemption shall be filed after January 1, but one day prior to the last meeting of the Board of Review in December. The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the right of appeal to the Michigan Tax Tribunal.

Failure to meet any of the above requirements will result in a denial of the poverty exemption.

Income Guidelines

Used in the Determination of Poverty Exemptions for 2025

Local governing bodies are required to adopt guidelines that set income levels for their poverty exemptions and those income levels **shall not be set lower** by a city or township than the federal poverty guidelines updated annually by the U.S. Department of Health and Human Services. This means, for example, that the income level for a household of 3 persons **shall not** be set lower than \$25,820 which is the amount shown on the following chart for a family of 3 persons. The income level for a family of 3 persons may be set higher than \$25,820.

Below are the federal poverty guidelines updated annually in the federal register by the US Department of Health and Human Services which were adopted in 2024; the City of Plainwell will follow these guidelines for establishing poverty exemptions for 2025 assessments:

Size of Family Unit	Poverty Guidelines
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
Each additional person	\$5,380

Income greater than what is stated above, per household size, will result in a denial of the poverty exemption claim, even if the applicant meets the asset limit. Income guidelines shall include the specific income for the person claiming the exemption and all persons living in the principal residence.

The Board of Review may deny any application if income is not properly identified.

Income considered may include but is not limited to:

- Money, wages, salaries before deductions, and regular contributions from persons not living in the residence
- Net receipts from non-farm and farm self-employment (receipts from a person's own business, professional enterprise, or partnership, after business expense deductions)
- Regular payments from social security, railroad retirement, unemployment, worker's compensation, veteran's payments, public assistance, and supplemental security income (SSI)
- Alimony, child support, military family allotments
- Private and governmental retirement and disability pensions, regular insurance, annuity payments
- College or university scholarships, grants, fellowships, and assistantships
- Dividends, interest, and net income from rentals, royalties, estates, trusts, gambling or lottery winnings

Asset Guidelines

Used in the Determination of Poverty Exemptions for 2025

As required by PA 390 of 1994, all guidelines for poverty exemptions as established by the governing body of the local assessing unit **shall** include an asset level test. The purpose of an asset test is to determine the resources available (cash and non-cash fixed assets and property that could be converted to cash) that could be used to pay property taxes in the year the poverty exemption is filed.

The asset test does not consider the value of the principal residence, one vehicle, and monies received pursuant to MCL 206.520 (Homestead Property Tax Credit).

The following asset test shall apply to all applications for poverty exemption:

Number of Persons Residing in the Principle Residence	Maximum Total Assets
1 person	\$25,000
2 persons	\$31,000
3 persons	\$37,500
4 persons	\$43,750
5 persons	\$50,000
6 persons	\$56,250
7 persons	\$62,500
8 persons	\$68,750
9 or more persons	\$75,000

Assets greater than what is stated above will result in a denial of the poverty exemption claim, even if the applicant meets the income limit. The Board of Review may deny any application if any assets are not properly identified.

Cash and other non-cash assets considered may include but are not limited to:

- Bank accounts, stocks and bonds, pensions, IRAs and other investment accounts
- Withdrawals of bank deposits and borrowed money
- Gifts, loans, lump-sum inheritances and one-time insurance payments

- Money received from the sale of property such as stocks, bonds, a house or a car (unless a person is in the specific business of selling such property)
- Second home, rental property, or building/property other than the residence
- Excess or vacant land
- Secondary/extra automobiles or recreational vehicles such as campers, motor-homes, boats, ATVs, snowmobiles, motorcycles
- Jewelry, antiques, or artworks
- Equipment or other personal property of value
- Federal non-cash benefits programs such as Medicare, Medicaid, food stamps and school lunches
- Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farm

Exemption Guidelines

Used in the Determination of Poverty Exemptions for 2025

Public Act 253 of 2020 requires the Poverty Exemptions be granted in the percentages stated below. The Board of Review shall follow these guidelines in granting or denying a poverty exemption. If the Board of Review determines that a person claiming a poverty exemption qualifies under the eligibility requirements of these guidelines, the Board of Review shall grant the exemption in whole or in part, as follows:

- 1. A full exemption equal to a 100% reduction in taxable value for the tax year in which the exemption is granted.
- 2. A partial exemption equal to one of the following:
 - a) A 50% reduction in taxable value for the tax year in which the exemption is granted.
 - b) A 25% reduction in taxable value for the tax year in which the exemption is granted.

The Board of Review shall not grant an exemption in any other amount under these guidelines unless the City has received approval from the State Tax Commission to grant exemptions in any other percentage reduction, and which shall be applied in a form and manner prescribed by the State Tax Commission.

THE FOLLOWING INCOME FIGURES WILL BE USED TO DETERMINE THE AMOUNT OF EXEMPTION FOR A SINGLE PERSON HOUSEHOLD:

\$15,060 AND UNDER:	100% EXEMPTION
\$15,061 TO \$18,825:	50% EXEMPTION
\$18,826 TO \$22,590:	25% EXEMPTION

HOUSEHOLDS WITH MULTIPLE RESIDENTS WILL BE CALCULATED BY THE BOARD OF REVIEW AND ASSESSOR IN THE SAME MANNER AS ESTABLISHED ABOVE.

REQUIRED ATTACHMENTS TO APPLICATION – CHECK LIST PAGE 1 OF 2

- > Provide documents for applicant, spouse, and/or all persons that are residing in the home.
- Submit most recent statement/document unless otherwise indicated.
- > Please submit copies, <u>not originals</u>. Anything submitted will not be returned.
- If one of the items below does not apply then please write "N/A" (not applicable) to indicate the applicant does not have anything to provide for that item.
- > This checklist must be returned with the application forms.
 - _____ Federal Income Tax Return (for 2024 year, filed in 2025) fully complete, signed, and the version that was filed with the IRS
 - or Form 4988 Poverty Exemption Affidavit if not required to file income tax returns
 - _____ State Income Tax Return (for 2024 year, filed in 2025) fully complete, signed, and the version that was filed with the State of Michigan
 - or Form 4988 Poverty Exemption Affidavit if not required to file income tax returns
 - Homestead Property Tax Credit Claim (MI1040-CR) fully complete, signed, and the version that was filed with the State of Michigan
 - This form is required regardless of your requirement to file income tax returns
 - _____Bank and/or credit union statements of ALL savings and checking accounts
 - 12 consecutive months of most recent statements for <u>ALL</u> accounts
 - _____ W-2 Statements from employer
 - _____ Net receipts from self-employment
 - _____ Social Security Statement
 - Pension 1099 statement
 - _____ Unemployment benefits statement
 - _____ Insurance or annuity payment statement

REQUIRED ATTACHMENTS TO APPLICATION – CHECK LIST PAGE 2 OF 2

- _____ Alimony payment statement
- _____ Child support payment statement
- _____ ADC/Welfare statement
- IRA or other investment account statement
- _____ Certificates of Deposit statement
- _____ Stocks and bonds statement
- _____Mortgage statement
- _____ Second mortgage or equity loan statement
- If home was purchased within the last two years, a copy of the loan application and closing statement
 - List and current value of other property currently owned by applicant
 - Includes but is not limited to: vacant land, second home, rental property, any building/property other than the principal residence
- List of regular contributions OR gifts/loans from persons not living in the residence in the last 24 months
- List of dividends, interest, and net income from rentals or estates or trusts in the last 24 months
- List of money received from the sale of property such as stocks, bonds, a house, or a car in the last 24 months

below section for department use only

received by:

Applicant Certification

Applicants, please initial each applicable statement:

_____I/We have received a copy of and understand the 2025 Poverty Exemption Policy and Guidelines.

_____I/We understand my/our application and all required attached documentation is examined by the Board of Review at an open meeting and may be further discussed by the City of Plainwell staff or designated agent, Board of Review, and Michigan Tax Tribunal and is obtainable by the public as part of the public record.

_____ I/We declare that the statements made herein are complete, true, and correct to the best of my/our knowledge.

_____I/We also understand that this application will be DENIED if the information contained within is found to be false or incomplete.

Applicant Signature:	Date:
Spouse Signature:	Date:
Name of preparer if other than applicant:	

(please print)

Michigan Department of Treasury 4988 (05-12)

Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

INSTRUCTIONS: When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

I,_____, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence:

Signature of Person Making Affidavit

Date

Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION — Enter information	ation for the person ov	wning and occupying	the resi	dence.			
Owner Name			Owner Telephone Number				
				-			
Mailing Address	City		State	ZIP Code			
PART 2: LEGAL DESIGNEE INFORMATION (Con	nplete if applicable.)						
Legal Designee Name		Daytime Telepho	one Number				
Mailing Address	City		State	ZIP Code			
PART 3: HOMESTEAD PROPERTY INFORMATIC	DN — Enter information	for property in which the	ne exemp	otion is being claimed.			
City or Township (check the appropriate box and enter name)		County					
City Township Village							
Name of Local School District							
Parcel Identification Number	Year(s) Exemption	Previously Granted by Board	d of Review				
Homestead Property Address	City		State	ZIP Code			
Tionesieau Flopeny Autress	City		State				
PART 4: AFFIRMATION OF OWNERSHIP, OCCU	PANCY. AND INCOM	IE STATUS (Check	all boxes	s that apply.)			
I own the property in which the exemption is b	eing claimed.						
The property in which the exemption is being			stead is	generally defined			
as any dwelling with its land and buildings whe	ere a family makes its	home.					
After establishing initial eligibility for the exem	ntion my income and	asset status has rer	nained u	inchanged and/or			
I receive a fixed income solely from public assi							
rate of inflation, such as federal Supplemental							
	-	-	-				
PART 5: CERTIFICATION							
I hereby certify to the best of my knowledge that the	e information provide	d on this form is true	andlan	n eligible to receive			
an exemption from property taxes by reason of pov	•			0			
	nature of Owner or Legal Desi	o		Date			
	natare er etmer er Eegar Deer	gnoo					
Designee must attach a letter of authority.							
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)							
				ill be posted to tax roll			
Approved Denied (Attach appeal instruction	ons and provide to owner.)						
CERTIFICATION — I certify that, to the best of my knowledge, the information contained in this form is complete and							
accurate.	5,			·			
Assessor Signature		Date Certified by	Assessor				

Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

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.

PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information.										
Petitioner's Name			Daytime Phone Number							
Age of	Petitioner	Marital Status	i	Age of Spouse	Numt	Number of Legal Dependents				
Proper	ty Address of Principal Residence			City		State	ZIP Code			
	Check if applied for Ho	mestead P	roperty Tax Credit	Amount of Homestead Property Tax Credit						
PAR	T 2: REAL ESTATE INF	FORMATIC	N							
	the real estate information ence of ownership of the				to provide a d	eed, lan	d contract or other			
Proper	ty Parcel Code Number			Name of Mortgage Company	,					
Unpaid	d Balance Owed on Principal Resid	dence	Monthly Payment		Length of Time at thi					
PAR	T 3: ADDITIONAL PRO	PERTY IN	FORMATION							
List	information related to ar	ny other pro	perty owned by you	u or any member resid	-					
Check if you own, or are buying, other property. If chect information below.				ecked, complete the			om other Property			
4	Property Address			City		State	ZIP Code			
1	Name of Owner(s)			Assessed Value	Date of Last Taxes Paid		Amount of Taxes Paid			
2	Property Address			City		State	ZIP Code			
2	Name of Owner(s)			Assessed Value	Date of Last Taxe	es Paid	Amount of Taxes Paid			

PART 4: EMPLOYMENT INFORMATION — List your current employment information.								
Name of Employer								
Address of Employer	City			State	ZIP Code			
Contact Person			Employer	Telephone N	lumber			
PART 5: INCOME SOUR	CES							
List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income, for all persons residing at the property.								
	Source	of Income			Mont	nly or An (indicate	nual Income	
							,	
PART 6: CHECKING, SA	VINGS AND	INVESTMENT IN	FORMATI	ON				
List any and all savings accounts, postal savings, persons residing at the pr	credit union							
Name of Financial Institution or Investments		Amount on Deposit	Curren Interest R			unt	Value of Investment	
PART 7: LIFE INSURANC	CE — List all	policies held by a	all househo	ld memb	ers.			
Name of Insured	Amount o Policy	of Monthly					Relationship to Insured	
PART 8: MOTOR VEHICLE INFORMATION								
All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.								
Make	Make			Mon	nthly Payment	В	alance Owed	

PART 9: HOUSEHOLD OCCUPANTS — List all persons living in the household.									
First and Last Name		Å	Relationship Age to Applicant		Place of Employment		mployment	\$ Contribution to Family Income	
PART 10: PERSONAL DE	BT — List all	personal c	lebt for a	all ho	usehold mem	bers.			
Creditor	Durnaaa	of Dobt	Dat		Original Bal			hy Dovroont	Balance Owed
Creator	Purpose	or Debt	of De	bt	Original Bal		mu	ny Payment	Balance Owed
PART 11: MONTHLY EXF	PENSE INFO	RMATION							
The amount of monthly ex necessary.	penses relate	ed to the pri	incipal re	eside	nce for each c	ategory	mus	st be listed. Ir	ndicate N/A as
Heating	Electric			Water			Phone		
Cable	Food			Clothing			Health Insurance		
Garbage Daycare		Daycare			Car Ex	pens	e (gas, repair, etc.)	
Other (type and amount) Other (t		Other (type an	type and amount)		Other	Other (type and amount)			
Other (type and amount) Other			er (type and amount)			Other	Other (type and amount)		

NOTICE: Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 11: POLICY AND GUIDELINES ACKNOWLEDGMENT

The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.

The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.

PART 12: CERTIFICATION

I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.

Printed Name Signature

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Date

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760 E-mail: **taxtrib@michigan.gov**