

**INCOME GUIDELINES**  
**CITY OF KEEGO HARBOR**  
**2018 BOARD OF REVIEW**

CURRENT INCOME THRESHOLD TAX YEAR 2017

150% of Federal Poverty Guidelines to be calculated annually

You may qualify if your income falls within the following thresholds:

Persons in Household	Income Threshold	Asset Limit
1	\$18,090	\$25,125
2	\$24,360	\$28,800
3	\$30,630	\$31,775
4	\$36,900	\$31,900
5	\$43,170	\$31,900
6	\$49,440	\$31,900
7	\$55,710	\$31,925
8	\$41,320	\$61,980
For each additional person	\$4,180	\$6,270

## CITY OF KEEGO HARBOR

### BOARD OF REVIEW 2018

**Application Deadline:** One day prior to the last day of the Board of Review

**THE FOLLOWING DOCUMENTS ARE REQUIRED & MUST BE SUBMITTED FOR ALL PERSONS RESIDING IN THE SUBJECT PROPERTY AND/OR LISTED ON DEED:**

1. Application
2. Copy of completed and signed 2016 and 2017 Federal Income Tax Returns for all owners including:
  - a. Proof of gross annual income from all sources.
  - b. W-2 Form, if applicable
  - c. Social Security Statement (SSA-1099) & signed current Form 4988 Poverty Exemption Affidavit if this is the sole source of income.
  - d. All Federal Return attachments (including schedules A, B, C, D, & E)
3. Copy of completed and signed 2016 and 2017 Michigan Income Tax Returns including:
  - a. Homestead Property Credit Form- MI 1040CR
  - b. Proof of gross annual income from all sources including Social Security
  - c. All required attached schedules
4. Four (4) months of complete unaltered consecutive bank statements from 2017. Statements must include all pages and show all Social Security deposits and automatic withdrawals for all owners and residents.
5. Signed waiver of confidentiality (all owners)
6. Signed Authorization to verify application and inspect property (all owners)
7. Active recorded deed for primary residence identifying all owners and partial owners of the subject property.
8. Picture I.D. (Driver's License or State I.D.) for primary applicant
  - a. All owners of the subject property are to be included in the application process (i.e. tax returns)
  - b. Primary applicant must be a Keego Harbor resident.
  - c. Primary applicant may not own any other real estate.

Petitioner Name \_\_\_\_\_

Parcel Number \_\_\_\_\_

**CITY OF KEEGO HARBOR BOARD OF REVIEW HARDSHIP APPLICATION**

I, \_\_\_\_\_, Petitioner, being the owner and residing at the property that is listed below as my principal residence, apply for property tax relief under MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893. The principal residence of persons who, in the judgment of the township supervisor or city assessor and board of review, by reason of poverty are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation per MCL 211.7u(1).

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.

DATE: \_\_\_\_\_

**PERSONAL INFORMATION:** Petitioner must list all required personal information.

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

Describe any disability or health problems applicant or persons residing/living in your household have:

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Name of Person Residing/ Living in Household	Age	Relationship	Annual Income

**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 at the BOR meeting. **Property placed in a trust does not qualify as owned for poverty exemption purposes.** Own: ( ) Yes ( ) No Occupy: ( ) Yes ( ) No

Property Parcel Number:	Name of Mortgage Company:
Unpaid Balance Owed on Principal Residence:	Monthly Payment:
Length of time at this residence:	If less than ten years, please identify previous address, ownership, and property value:

**ADDITIONAL PROPERTY INFORMATION:** List information related to any other property you, or any household member owns.

Do you own, or are buying, other property (yes or no)? If yes, complete the information below.

Property Address	Name of Owner (s)	Assessed Value
		\$

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

Did you seek property tax relief for any years prior to last year? ( ) Yes ( ) No

**EMPLOYMENT INFORMATION:** List your current employment information.

Employment Status:

Employed Full-Time

Employed Part-Time

Unemployed

Date: \_\_\_\_\_

Laid Off

Date: \_\_\_\_\_

Disabled

How long: \_\_\_\_\_

Retired

Date: \_\_\_\_\_

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

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, friend or family contribution, reverse mortgage, or any other source of income.

**TOTAL MONTHLY INCOME (ALL SOURCES)**

Wages, Salary, Sick Pay, Unemployment, Self-Employment, etc. \$ \_\_\_\_\_

Pension and Annuity Payments \$ \_\_\_\_\_

Social Security or Supplemental Income (SSI) \$ \_\_\_\_\_

Child Support or ADC \$ \_\_\_\_\_

Dividends and Interest \$ \_\_\_\_\_

Other Income (Source) \_\_\_\_\_ \$ \_\_\_\_\_

Gifts/ Cash \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

What is the total income from all sources for everyone owning or 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 this coming year: ( ) Yes ( ) No

If so, please explain: \_\_\_\_\_

Please relate any other information regarding your circumstances that you would like to bring to the attention of the Board of Review. Use other side of form if necessary.

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Please list any other persons that contribute to your support:

Name	Relationship	Amount of Contribution

Do you anticipate selling the property for which relief is sought? ( ) Yes ( ) No

Are there any outstanding property taxes due and payable to the Oakland County Treasurer/ or other Counties for prior years? ( ) Yes ( ) No

If you are not appearing in person please state reason:

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**ASSET DISCLOSURE:** Please list all assets and their value other than your primary home with contents. Your primary automobile must be included. Examples: vehicles (including recreational vehicles), watercrafts, and snow/ski mobiles.

ASSET (YEAR, MAKE, MODEL, ETC.)	APPROX. VALUE
	\$

**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

MONTHLY EXPENSES

FOOD \$ \_\_\_\_\_

ELECTRICITY \$ \_\_\_\_\_

HEAT \$ \_\_\_\_\_

TELEPHONE/CELL \$ \_\_\_\_\_

CABLE/INTERNET \$ \_\_\_\_\_

LOANS \$ \_\_\_\_\_

PURPOSE: \_\_\_\_\_

MEDICAL & DENTAL \$ \_\_\_\_\_

OTHER EXPENSES: \_\_\_\_\_

\_\_\_\_\_

AUTOMOBILE EXPENSES

PAYMENTS \$ \_\_\_\_\_

GAS, OIL \$ \_\_\_\_\_

MAINTENANCE \$ \_\_\_\_\_

INSURANCE PREMIUMS

MEDICAL COVERAGE \$ \_\_\_\_\_

LIFE \$ \_\_\_\_\_

AUTOMOBILE \$ \_\_\_\_\_

HOME \$ \_\_\_\_\_

RESIDENCE

MORTGAGE PAYMENT \$ \_\_\_\_\_

LOANS (EQUITY) \$ \_\_\_\_\_

SPECIAL ASSESSMENTS \$ \_\_\_\_\_

TAXES \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

IF YOU HAVE UNUSUAL EXPENSES (HIGH MEDICAL BILLS, ETC.) PLEASE LIST BELOW:

DATE INCURRED	TYPE OF INJURY, ILLNESS OR SURGERY	AMOUNT

POVERTY INCOME STANDARDS WILL BE USED TO DETERMINE ELIGIBILITY FOR A HARDSHIP EXEMPTION (A COPY OF THESE STANDARDS IS ATTACHED)

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 Michigan Compiled Laws. I (we) declare that the statements made herein are complete, true, and correct to the best of my (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 certify that the information contained in this application is true and complete to the best of my knowledge. I have not knowingly omitted any information pertinent to this application.*

**MUST HAVE ALL OF THE APPLICABLE SIGNATURES**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Occupant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Owners: \_\_\_\_\_ Date: \_\_\_\_\_

Agent: \_\_\_\_\_ Date: \_\_\_\_\_

THIS APPLICATION SHALL BE FILED AFTER JANUARY 1, BUT BEFORE THE LAST DAY OF THE BOARD OF REVIEW MEETING TO THE ADDRESS BELOW

BOARD OF REVIEW

C/O SUPERVISOR OR ASSESSOR

CITY OF KEEGO HARBOR

2025 BEECHMONT

KEEGO HARBOR, MI 48320