

## Applicant Certification

\_\_\_\_\_ I/We have received a copy of and understand the 2025 Poverty Exemption Resolution.

\_\_\_\_\_ 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 Ypsilanti Township Assessing Department 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: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

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

Name of preparer if other than applicant: \_\_\_\_\_  
(please print)