

**CHARTER TOWNSHIP OF YPSILANTI**  
**PROPERTY TAX REDUCTION APPLICATION INSTRUCTIONS**  
**Per MCL 211.7u as Amended and STC Guidelines**

**Contact:      Brian McCleery, MAAO - Deputy Assessor**  
**734.544.4000 or [assessing@ypsitownship.org](mailto:assessing@ypsitownship.org)**

In granting the poverty exemption, the Board of Review realizes that this represents a shift of that portion of the tax burden to the other taxpayers of the community and state.

A **completed application** to be considered for a poverty exemption, the following information must be provided:

1. For a complete and legible application, all sections of the Application must be filled out. An incomplete Application will delay the process and possibly result in a Denial.
2. Please be sure to sign the Application on page 4. An application without a signature will not be taken to the Board for consideration.
3. A completed and signed copy of each of the following should be submitted:
  - Your most recent Michigan Homestead Property Tax Credit Claim (MI 1040 CR).
  - Your most recent Federal Income Tax Return (1040), if you are required to file federal income tax.
  - The Most Recent Federal Income Tax Return (1040) for all other occupants of your home.

Please do not submit original tax returns or supporting documentation, as we must keep all documents submitted.

4. Submit a completed poverty exemption asset test information sheet with signature.
5. If an occupant of your home is not employed but has income from another source, you must include the income on page 3, part 5 “Income Sources” of your application.
6. If an occupant of the home is over 18 years of age but is not contributing to household income please submit a statement to explain why, understanding that the Township is unable to subsidize adult education.
7. Assets other than the taxpayer’s primary residence, standard mode of transportation and usual household goods valued at more than \$25,000 will be considered and added to the Total Combined Household Income.
8. A copy of bank statements, IRA statements, 1099 forms, investment account statements and life insurance statements for the claimant and all persons residing in the household may be required. These documents are mandatory for self-employed applicants.
9. If the household expenses exceed the Total Combined Household Income, please submit a statement to explain the shortfall and how these expenses are being paid.

## Application and Affirmation 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 where the property is located in each year on or after January 1 but before the day prior to the last day of the board of review. Poverty Exemptions may be heard by the Board of Review during its March, July, and December sessions.

**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	Age of Spouse	Number of Legal Dependents	
Property Address of Principal Residence		City	State	ZIP Code
PART 2: 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 Board of Review meeting.				
Property Parcel Identification Number		Name of Mortgage Company		
Unpaid Balance Owed on Principal Residence	Monthly Payment	Length of Time at this Residence		
Property Description				
PART 3: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (Check all boxes that apply.)				
<input type="checkbox"/> I own the property in which the exemption is being claimed.				
<input type="checkbox"/> The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.				
PART 4: ADDITIONAL PROPERTY INFORMATION				
List information related to any other property owned by you or any member residing in the household.				
<input type="checkbox"/> Check if you own, or are buying, other property. If checked, complete the information below.			Amount of Income Earned from other Property	
1	Property Address	City	State	ZIP Code
	Name of Owner(s)	Assessed Value	Date of Last Taxes Paid	Amount of Taxes Paid
2	Property Address	City	State	ZIP Code
	Name of Owner(s)	Assessed Value	Date of Last Taxes Paid	Amount of Taxes Paid

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**PART 5: EMPLOYMENT INFORMATION** — List your current employment information.

Name of Employer			
Address of Employer	City	State	ZIP Code
Contact Person	Employer Telephone Number		

**PART 6: INCOME SOURCES**

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	Monthly or Annual Income (indicate which)

**PART 7: 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, for all persons residing at the property.

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

**PART 8: LIFE INSURANCE** — List all policies held by all household members.

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

**PART 9: 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	Year	Monthly Payment	Balance Owed

**PART 10: HOUSEHOLD OCCUPANTS** — List all persons living in the household.

First and Last Name	Age	Relationship to Applicant	Place of Employment	\$ Contribution to Family Income

**PART 11: PERSONAL DEBT** — List all personal debt for all household members.

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

**PART 12: 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 (gas, repair, etc.)	
Other (type and amount)	Other (type and amount)	Other (type and amount)	
Other (type and amount)	Other (type and amount)	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 13: 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 14: LEGAL DESIGNEE INFORMATION (Complete if applicable.)

Legal Designee Name		Daytime Telephone Number	
Mailing Address	City	State	ZIP Code

### PART 15: 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	Date
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**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.**

**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 30 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  
Email: [taxtrib@michigan.gov](mailto:taxtrib@michigan.gov)

**POVERTY EXEMPTION ASSET TEST INFORMATION:**

DO YOU HAVE ANY OWNERSHIP INTEREST IN ANY OTHER REAL ESTATE?

( ) YES

( ) NO

ADDRESS: \_\_\_\_\_

(Additional Information May be Requested by the Board for Other Real Estate.)

**LIST THE CURRENT VALUE FOR EACH ASSET:**

CASH:	\$
CHECKING ACCOUNTS:	\$
SAVINGS ACCOUNTS:	\$
CERTIFICATES OF DEPOSIT:	\$
MONEY MARKET ACCOUNTS:	\$
STOCKS:	\$
BONDS:	\$
TREASURY BILLS:	\$
INSURANCE w/ CASH VALUE:	\$
MUTUAL FUND ACCOUNTS:	\$
IRA ACCOUNTS:	\$
KEOGH ANNUITIES:	\$
DEFERRED COMPENSATION:	\$
JEWELRY and/or GEMS:	\$
RARE COINS:	\$
ANTIQUE CARS:	\$
ANY OTHER COLLECTION:	\$
ANY OTHER ASSET:	\$

**LIST THE CURRENT VALUE FOR ALL HOUSEHOLD VEHICLES:**

(This includes Cars, Trucks, Trailers, Tractors & Boats)

MAKE:				
MODEL:				
YEAR:				
LEASED OR OWNED:				
MONTHLY PAYMENT:				

**I DECLARE THAT ALL OF THE INFORMATION SUBMITTED WITHIN THIS ASSET TEST IS TRUE TO THE BEST OF MY KNOWLEDGE.**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

## **Applicant Certification**

\_\_\_\_\_ I/We own the property in which the exemption is being claimed.

\_\_\_\_\_ The property in which the exemption is being claimed is used as my/ our homestead.  
Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.

\_\_\_\_\_ I/We have received a copy of and understand the 2026 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)