

PROPERTY TAX EXEMPTION APPLICATION  
WILLIAMSTOWN TOWNSHIP

I, \_\_\_\_\_, being the owner and resident of the property listed below, desire to appeal for Tax Relief, under section **MCL 211.7u** of the **Michigan General Property Act**, which states that *“The real and personal property of persons who, in the judgment of the supervisor and board of review, by reason of poverty, are unable to contribute toward the public charges, are exempt from taxation under this act.”*

**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.**

Property Address of Principal Residence \_\_\_\_\_

Phone # \_\_\_\_\_ Age of Petitioner \_\_\_\_\_ Marital Status \_\_\_\_\_

Age of Spouse \_\_\_\_\_ Number of Legal Dependents \_\_\_\_\_ Age of Dependents \_\_\_\_\_

Have you applied for the Homestead Property Tax Credit \_\_\_\_\_ Amount of Credit \_\_\_\_\_

**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.

Parcel Code Number \_\_\_\_\_ Unpaid Balance: \_\_\_\_\_

Length of Time at This Residence: \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Name of Mortgage Company: \_\_\_\_\_

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

Do you own or are you buying other property? \_\_\_\_\_ If so, list below:

<u>Property Address</u>	<u>Property in the Name of Whom</u>	<u>Assessed Value</u>	<u>Last Taxes Paid:</u>	
			<u>Date</u>	<u>Amount</u>

_____	_____	_____	_____	_____
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Gross Income from property \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Contact Person: \_\_\_\_\_

Employer's address \_\_\_\_\_ Emp. Phone Number \_\_\_\_\_

**LIST ALL INCOME SOURCES:** Salaries, Social Security, Rents, Pension, Unemployment Benefits, Disability, Pensions, Dividends, Workers' Compensation, Union, Claims & Lawsuits, Alimony, Child Support or any other source.

<u>Source of Income</u>	<u>Monthly Amount</u>
_____	_____
_____	_____
_____	_____

**BANK ACCOUNTS, CHECKING AND SAVINGS:** List all bank accounts owned by all household members, also savings Certificates, Postal Savings and Cash in deposit boxes, on hand, or on deposit in Credit Unions.

<u>Name of Institution</u>	<u>Amount on Deposit Now</u>	<u>Name on Account</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LIST ALL EQUITIES:** Stocks, Bonds, Mutual Funds, Mortgages, Land Contracts Owned by you or your spouse.

<u>Name of Equity</u>	<u>Current Value</u>	<u>Annual Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LIFE INSURANCE:** List all policies held by you and all members of your household.

<u>Name of Insured</u>	<u>Face Value of Policy</u>	<u>Amount Paid Monthly</u>	<u>Is Policy Paid Up?</u>	<u>Name of Beneficiary</u>	<u>Relationship of Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**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.

<u>Make of Vehicle</u>	<u>Year</u>	<u>Monthly Payment</u>	<u>Balance Due</u>
_____	_____	_____	_____
_____	_____	_____	_____

List below all persons living with you:

<u>Name: Last</u>	<u>First</u>	<u>Age</u>	<u>Relationship</u>	<u>Place of Employment</u>	<u>Monthly House Contributions</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

<u>To Whom</u>	<u>For What</u>	<u>Date of Debt</u>	<u>Original Amount</u>	<u>Monthly Payment</u>	<u>Balance Owed</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

<u>Heating:</u> _____	<u>Electric:</u> _____	<u>Water:</u> _____	<u>Phone:</u> _____	<u>Cable:</u> _____	<u>Food:</u> _____
<u>Clothing:</u> _____	<u>Health Insurance:</u> _____	<u>Garbage:</u> _____	<u>Daycare:</u> _____		
<u>Car Expense:</u> _____	<u>Homeowners Insurance:</u> _____	<u>Car Insurance:</u> _____			
<u>Other (List type)</u> _____	<u>Other (List type)</u> _____				
<u>Other (List type)</u> _____	<u>Other (List type)</u> _____				

**OTHER ASSESTS:** List all other assets owned or controlled by you (&/or spouse if joint application) and their value. For example: Boats, coin collections, art objects, antiques, silver, gold, etc.

<u>Type of Asset</u>	<u>Value</u>	<u>Owner</u>
_____	_____	_____
_____	_____	_____



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FOR BOARD OF REVIEW USE ONLY

Disposition by Board of Review

Date \_\_\_\_\_

Denied

Reduced to: \$ \_\_\_\_\_

Board of Review

Supervisor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_