



For Administration Use  
Date Received \_\_\_\_\_

**TOWNSHIP OF MUNISING  
POVERTY EXEMPTION APPLICATION**

Name \_\_\_\_\_

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

Property Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

List all people living at this address:

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Monthly income must include all sources including salary/wages, social security, pensions, unemployment, alimony, child support, workmen's comp and other sources.

**A COPY OF YOUR, AND ANYONE ELSE IN THE HOUSEHOLD THAT HAS AN INCOME, LATEST FEDERAL INCOME TAX RETURN OR SOCIAL SECURITY STATEMENT MUST BE ATTACHED TO THIS FORM. THIS APPLICATION WILL BE RETURNED TO YOU IF THE DOCUMENTS ARE NOT ATTACHED. THERE WILL BE NO EXCEPTIONS.**

**ASSET LIST**

Please list any of the following that you, your spouse, and anyone else in the household own:

Real Estate (other than your primary residence)

Location \_\_\_\_\_

Value \$ \_\_\_\_\_

Cars, Trucks, Boats, RV's, ATV's, etc.

Make/Year \_\_\_\_\_

Make/Year \_\_\_\_\_

Make/Year \_\_\_\_\_

Make/Year \_\_\_\_\_

Make/Year \_\_\_\_\_

Savings and Investments

Savings account \_\_\_\_\_

CDs \_\_\_\_\_

Stocks \_\_\_\_\_

Bonds \_\_\_\_\_

Checking account \_\_\_\_\_

NOTICE: Any willful false statement or misrepresentation made on this form may constitute perjury.

I, \_\_\_\_\_, being the owner and resident of the property listed above, desire to appeal for tax relief under MCL 211.7u of the General Property Tax Act. The principal residence of persons who, in the judgement of the supervisor 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).

**Signature:** \_\_\_\_\_

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

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**BOARD OF REVIEW ACTION**

Date \_\_\_\_\_ **APPROVED / DENIED** \_\_\_\_\_

Assessment Reduced: \_\_\_\_\_ %

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Chair \_\_\_\_\_

Date \_\_\_\_\_

Second Member \_\_\_\_\_

Date \_\_\_\_\_

Third Member \_\_\_\_\_

Date \_\_\_\_\_