

# Mussey Township

135 N. Main Street  
Capac, MI 48014

Phone 810-395-4915

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*Bruce Downey – Supervisor \* Sheila McDonald - Clerk \* Deborah Lewis – Treasurer*  
*Brad Humphrey – Trustee \* Monica Standel – Trustee*

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RESOLUTION:2024-01

## GUIDELINE RESOLUTION FOR POVERTY EXEMPTION

- WHEREAS, The adoption of guidelines for poverty exemptions is required of the Township Board; and
- WHEREAS, The principal residence of persons, who the Supervisor/Assessor and Board of Review determines by reason of poverty to be unable to contribute to the public charge, is eligible for exemption in whole or in part from taxation under Public Act 390 of 1994 (MCL 211.7U); and
- WHEREAS, Pursuant to PA 390 of 1994, the Township of MUSSEY, ST. CLAIR County adopts the following guidelines for the Board of Review to implement. The guidelines shall include but not be limited to the specific income and asset levels of the claimant and all persons residing in the household, including any property tax credit returns, filed in the current or immediately preceding year.

To be eligible, a person shall do all the following on an annual basis:

1. Be an owner of and occupy as a principal residence the property for which an exemption is requested.
2. File a claim with the Supervisor/Assessor or Board of Review, accompanied by federal and state income tax returns for all persons residing in the principal residence, A signed State Tax Commission Form 4988, Poverty Exemption Affidavit.
3. File a claim reporting that the combined assets of all persons do not exceed \$8,000. Assets include but are not limited to, real estate other than the principal residence, personal property, motor vehicles, recreational vehicles and equipment, certificates of deposit, saving accounts, checking accounts, stocks, bonds, life insurance, retirement funds, etc.
4. Produce a valid Michigan driver's license or other form of identification if requested.
5. Produce, if requested, a deed, land contract, or other evidence of ownership of the property for which an exemption is required.
6. Meet the federal poverty income guidelines as defined and determined annually by the United States Department of Health and Human Services or alternative guidelines adopted by the governing body providing the alternative guidelines do not provide eligibility requirements less than the federal guidelines.
7. The application for an exemption shall be filed after January 1, but one day prior to the last day of the December Board of Review. The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the right of appeal to the Michigan Tax Tribunal.
8. The Supervisor/ Board of Review will also take into consideration certain household assets: The amount of money the applicant has in checking and saving accounts, with the total not to exceed \$8,000.

The following are the 2024 federal poverty income guidelines which are updated annually by the United States Department of Health and Human Services. The annual allowable income includes income for all persons residing in the principal residence.

The foregoing Resolution Motion by Board Member: Standel  
And Supported by Board Member: **Lewis**

Upon roll call vote, the following voted:

AYES: Downey, Standel, Lewis, McDonald

NAYS:

ABSENT: Humphrey

Be further resolved that this resolution approved this day, February 14, 2024, is properly adopted by the Mussey Township Board of Trustees.

I, Sheila McDonald, the duly elected, qualified Clerk of the Township of Mussey, County of St. Clair, State of Michigan, do hereby certify that the foregoing Resolution was adopted at a regular meeting of the Board of Trustees of the Township of Mussey held on February 14, 2024 at which a quorum was present by roll call vote of said members as herein before set forth; that said Resolution was ordered



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Township Clerk, Sheila McDonald

REV:08-09-2017

REV:01-30-2019

REV:01-06-2020

REV:02-09-2022

REV:01-11-2023

REV:02-14-2024

B.O.R. Mar July Dec

parcel number \_\_\_\_\_

Letter / in person appointment

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Petition # \_\_\_\_\_

**Mussey Township**  
**St. Clair County**  
**Poverty Hardship Exemption Application**  
**Tax Year 2024**

**A DEADLINE**

You must complete this application in full and return it, along with a copy of last year's state and federal Income tax returns, with the Michigan Property Homestead Tax credit form (MI-CR) for each person residing in or contributing to the household. If not required to file a federal or state Income Tax Return, a filing exemption affidavit must accompany this application. This form must be returned to the Assessor's Office before the last day of Board of Review.

**B. STATEMENT**

I \_\_\_\_\_ being the owner and resident of the property listed below, desire to apply for Tax Relief under MCL 211.7u of the Michigan general Property Tax Act: (the principal residence 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 is eligible for exemption in whole or in part from taxation under this act.)

**C. PROPERTY ADDRESS**

Property Address \_\_\_\_\_ Parcel number \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

Legal Description \_\_\_\_\_

**D. APPLICANT INFORMATION**

APPLICANT \_\_\_\_\_ CO OWNER \_\_\_\_\_

Date of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

Phone Numbers Home (\_\_\_\_) \_\_\_\_\_ Phone Numbers Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Other contact number: name \_\_\_\_\_ Phone \_\_\_\_\_

**CURRENT MARITAL STATUS**

**FOR HOW LONG?**

\_\_\_\_\_ married \_\_\_\_\_ divorced \_\_\_\_\_ widowed \_\_\_\_\_ Separated \_\_\_\_\_ single \_\_\_\_\_

**APPLICANT STATUS**

\_\_\_\_\_ employed \_\_\_\_\_ full-time \_\_\_\_\_ part time Employer \_\_\_\_\_

Date of Hire \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_ Retired: date retired \_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ Laid off: last date worked \_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ Disabled: last date worked \_\_\_\_\_ Employer \_\_\_\_\_

Possible return date \_\_\_\_\_ Cause \_\_\_\_\_

\_\_\_\_\_ Not working – How long \_\_\_\_\_ Reason \_\_\_\_\_

Describe any disability or health problems \_\_\_\_\_

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

**SPOUSE OR CO OWNER STATUS**

\_\_\_\_\_ employed \_\_\_\_\_ full-time \_\_\_\_\_ part time Employer \_\_\_\_\_

Date of Hire \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_ Retired: date retired \_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ Laid off: last date worked \_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ Disabled: last date worked \_\_\_\_\_ Employer \_\_\_\_\_

Possible return date \_\_\_\_\_ Cause \_\_\_\_\_

\_\_\_\_\_ Not working – How long \_\_\_\_\_ Reason \_\_\_\_\_

Describe any disability or health problems \_\_\_\_\_

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

**RESIDENT INFORMATION**

List all people, not listed above, living in your household. (Attach additional sheet if necessary).

	1	2	3
Full name			

Age			
Dependent	Yes No	Yes No	Yes No
Relationship			
Occupation			
Annual income			
Do they contribute to the household income?	Yes No	Yes No	Yes No
Amount of contribution			

	4	5	6
Full name			
Age			
Dependent	Yes No	Yes No	Yes No
Relationship			
Occupation			
Annual income			
Do they contribute to the household income?	Yes No	Yes No	Yes No
Amount of contribution			

### **E. ADDITIONAL ASSISTANCE**

Does any other person not listed above make any financial contribution to the Household? If yes how much?

Person's Name \_\_\_\_\_ Monthly Contribution \_\_\_\_\_

Type of monetary contribution \_\_\_\_\_ Other \_\_\_\_\_

**F. PROPERTY**

Are you and/or your spouse sole owners of the property? \_\_\_\_\_ yes \_\_\_\_\_ no

If no list all owners and their percentage of ownership of the property \_\_\_\_\_

When did you and/or your spouse purchase this Homestead? \_\_\_\_\_

Is this home paid in full? \_\_\_\_\_ yes \_\_\_\_\_ no

If no, how many years are left on the mortgage? \_\_\_\_\_

If no, how much money is left on the mortgage or land contract? \_\_\_\_\_

What is your monthly payment? \_\_\_\_\_ Taxes Included? \_\_\_\_\_

Are any mortgage payments delinquent? \_\_\_\_\_ how much? \_\_\_\_\_

Are any tax payments delinquent? \_\_\_\_\_ how much? \_\_\_\_\_

If yes please previous years and amounts of delinquent taxes \_\_\_\_\_

Have any improvements, changes or additions been made to the property within the last 2 years? \_\_\_\_\_

\_\_\_\_\_ If yes please explain \_\_\_\_\_

Are there any changes or additions that need to be made to the property? -----

----- If yes please explain \_\_\_\_\_

**G. OTHER REAL ESTATE HOLDINGS**

Do you, your spouse, or any other person residing in the homestead have a financial interest in any other real estate? \_\_\_\_\_ If yes please provide the following information concerning that financial interest.

Location-City State	Tax ID or property number	Value of property	Amount of Equity
		\$	\$

		\$	\$
		\$	\$

**H. ASSET INFORMATION (must be completed)**

What are your current assets; in addition to the real estate noted previously?

Cash	\$
Checking accounts	\$
Savings accounts	\$
CD's money markets	\$
Stocks, bonds, treasury bills	\$
Insurance policy (surrender cash value)	\$
Retirement accounts	\$
Personal property (jewelry old coins, collections)	\$
Other (please explain)	\$

List all motor vehicles in household (whether paid in full or not) including cars, trucks, and recreational vehicles i.e.: boats, motorcycles, motor homes, travel trailers, jet skis, snow mobiles, ATV's, etc. Use additional pages if necessary.

Vehicles: Year Make Model	mileage	Date acquired	Purchase or lease	Purchase price	Balance
Recreation Vehicles: Year Make Model					

**I. INCOME INFORMATION**

Please list all sources of your personal income on a **monthly** basis.

SOURCE	APPLICANT	SPOUSE
Employment	\$	\$
Social Security	\$	\$
Pension – <b>from</b>	\$	\$
Unemployment / worker compensation	\$	\$
General assistance - <b>type</b>	\$	\$
Child Support / Alimony	\$	\$
Family Support / gifts - <b>from</b>	\$	\$
Interest (taxable & non-Taxable); dividends	\$	\$
Rental Income	\$	\$
Other Income _____	\$	\$
Other monetary assistance - <b>source</b>	\$	\$

Has your income significantly changed in the last year? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, please

Explain. \_\_\_\_\_

Do you receive food stamps, a bridge card or other public assistance? \_\_\_\_\_ yes \_\_\_\_\_ no.

Amount \$ \_\_\_\_\_ per month. Benefits received for: \_\_\_\_\_

#### **J. EXPENSE INFORMATION**

Please list all sources of household expenses on a **Monthly** basis.

House payment	\$
Child care / day care	\$
Taxes on other property	\$
Special Assessments	\$
Home insurance	\$



Car payment #1	\$
Car payment #2	\$
Auto Insurance	\$
Health Insurance (include prescription coverage)	\$
Medical Bills (not covered by insurance)	\$
Prescriptions (not covered by insurance)	\$
Cell Phone	\$
Cable / Satellite	\$
Internet	\$
Utilities: gas, electric, water	\$
Other; (please explain) _____	\$

Have your expenses significantly change in the last year? \_\_\_\_\_ yes \_\_\_\_\_ no If yes please

Explain \_\_\_\_\_

Do you anticipate any major changes in income for the coming year? \_\_\_\_\_ yes \_\_\_\_\_ no If yes please explain \_\_\_\_\_

Are any household expenses paid for by another party? \_\_\_\_\_ yes \_\_\_\_\_ no \*\*\*\*if yes please provide a statement including exactly what is paid, when how much and by whom.

**K. DEBT INFORMATION**

Please list any outstanding loans, credit cards and personal debts. (Attach a separate sheet if necessary)

	TO WHOM	FOR WHAT	MONTHLY PAYMENT	BALANCE
1				
2				
3				
4				
5				
6				
7				
8				

8  
Do you expect to sell the homestead for which the tax relief is being sought within the next year?

\_\_\_\_\_ yes \_\_\_\_\_ no / If yes please explain \_\_\_\_\_

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<i>Persons in household</i>	<i>2024 Federal Poverty Level Threshold 100% FPL</i>
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560

If your family contains more than 8 people add \$5,140 for each additional person.

MUSSEY TOWNSHIP  
COUNTY OF ST. CLAIR  
STATE OF MICHIGAN

REV:01-10-2018  
REV:01-30-2019  
REV:01-06-2020  
REV:02-07-2022  
REV:01-11-2023  
REV:02-14-2024

## Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

**INSTRUCTIONS:** When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

I, \_\_\_\_\_, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Affidavit

\_\_\_\_\_  
Date