TOWNSHIP OF VERGENNES

POVERTY EXEMPTION APPLICATION AND CHECKLIST

I, _____, am the owner and resident of the property listed below, am applying for tax relief for tax year _____ under MCL 211.7u of the Michigan General Property Tax Act (The real and personal property of persons who, in the judgment of the assessor 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.).

Name of Applicant: _____ Age of Applicant: _____

Name of Spouse: _____ Age of Spouse: _____

Co-Owner: _____ Age of Co-Owner:_____

Parcel Number: _____ Principal Residence Exemption %_____

Property Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

List all persons living in household below:

Name	Relationship to Applicant	Age	Occupation

TOTAL NUMBER OF PERSONS LIVING IN HOUSEHOLD:_____

INCOME

Name of employer: _____ Length of time employed _____

Address: _____

Phone number: _____ Gross monthly income: _____

List all other sources of income from Social Security, rents, pensions, unemployment compensation, disability, government pensions, retirement account, workers' compensation, dividends, claims, and judgments from lawsuits, alimony, child support and any other source, including regular, recurrent payments from non-household

members. Periodic payments from non-household members do not include sporadic payments or gifts. Please attach documentation of the sources of income which include, but are not limited to: W-2 forms, interest income statements, dividend income statements, social security benefit statement, pension benefit statements, pension benefit statements, SSE benefit statements, workman's compensation benefit statement, public assistance benefit statement, general assistance benefit statements, ADC benefit statements, child support documentation, and alimony documentation..

Source	Monthly or Annual Amount

List all income from spouse, dependents or others living in household below:

Name	Source of Income	Monthly or Annual Amount

TOTAL ANNUAL HOUSEHOLD INCOME: _____

ASSETS

REAL ESTATE: Is home paid for? _____ Unpaid balance _____

Name of mortgage company _____ Monthly payment _____

How long have you lived in this residence? _____

Do you own or are you purchasing other property? _____

If so, list below:

Property Address	Name of Owner	Assessed Value	Amount and Date of Last Taxes Paid

Amount of income earned from above properties: _____

SAVINGS AND INVESTMENTS: List all savings owned by you or your spouse; including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments.

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

LIFE INSURANCE: List all policies held by you and your spouse.

Insured	Amount of Policy	Amount Paid Monthly	Name of Beneficiary	Relationship to Insured

MOTOR VEHICLES IN HOUSEHOLD: List all titled and non-titled motor vehicles as well as recreation vehicles.

Make	Year	Value	Monthly Payment	Balance Owed

OTHER ASSETS: List all other assets and their values that are owned or controlled by you. (i.e.: coins, silver, guns, jewelry, antiques)

Type of Asset	Value	Income Derived from Asset	Owner

Please attach copies of federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns in the immediately preceding year. Please attach a valid driver's license. Please attach a deed, land contract or other evidence of ownership of the property for which an exemption is requested. Please provide documentation of the assets you have referenced above.

LIABILITIES AND EXPENSES

MONTHLY EXPENSES:

Electricity _____Gas _____ Telephone _____

Other (specify)

_____

_____

_____

PERSONAL DEBTS:

Creditor	Debtor	Monthly Payment	Balance Owed

OTHER INFORMATION AND COMMENTS

Use the space below to explain any hardships or provide further information that you feel would assist the Board of Review Members in reaching a decision for this request.

_____

_____

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NOTICE: Any willful misstatements or misrepresentations made on this form may constitute perjury, which under the law, is a felony punishable by fine or imprisonment.

NOTICE: A copy of the latest income tax return (MI-1040), for all persons living in the home, and your Homestead Property Tax Credit claim (MI-1040CR 1, 2, 3, or 4) must be attached as proof of income.

NOTE: Do not sign this application until witnessed by the Assessor, Board of Review, or a Notary Public.

STATE OF MICHIGAN
COUNTY OF KENT

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application and the attached documents are true and that he/she has no money, income, or property other than listed herein.

_____ _____
Petitioner's signature(s) Petitioner's signature(s)

Subscribed and sworn this _____ day of _____, 20_____.

_____ Title: _____
Signature Assessor, Board of Review Member, Notary Public

This application must be filed after January 1st, but before the day prior to the last day of the Board of Review. Decisions regarding this application can be appealed to the **Michigan Tax Tribunal. You are required to appear before the Board of Review to respond to any questions that the Board of Assessor may have concerning the exemption application unless you have provided a written medical excuse by a doctor at the time this application is submitted.

BOARD OF REVIEW USE ONLY:

Parcel Number: _____ Address: _____

Disposition by Board of Review Dated _____

Denied: _____

Approved: _____

Assessment reduced to: _____ Taxable Value_____

For tax year:_____

Chairperson _____ Second Member _____

Third Member _____ Secretary _____

Following are the federal poverty guidelines for use in setting poverty exemption guidelines for 2026 assessments:
Approved: January 19, 2026

Size of Family	Poverty Guidelines
1	$15,650
2	$21,150
3	$26,650
4	$32,150
5	$37,650
6	$43,150
7	$48,650
8	$54,150
For Each Additional Person	$5,500