

**WAWATAM TOWNSHIP
APPLICATION FOR PROPERTY TAX
POVERTY EXEMPTION**

(Pursuant to Public Act 390 of 1994)

Adopted by the Wawatam Township Board on February 9, 2021

This application must be filed with the Assessor, Supervisor or Board of Review after January 1, but before the day prior to the last day of the Board of Review

I, _____, being the owner and principal resident of the homestead property listed and described below hereby apply for property tax relief pursuant to the provisions of MCL 211.7j of the General Property Tax Act.

Property Tax ID# _____
Property Address _____, Applicants phone # _____
Marital Status _____, Age of Applicant _____, Spouse Name _____
Age of Spouse _____, Total Number of Household Members _____

List each and every member of your household:

Last Name-First Name	Age	Relationship To Claimant	Employer	Annual Income

Have you applied for Homestead Property Tax Credit? _____ (If so, attach copy of MI-1040R)

EMPLOYMENT INFORMATION

Name & Address of Employer _____
Employer Phone Number _____ How lone employed there? _____
Job Title _____

PROPERTY INFORMATION

Is your home paid for? _____ if not, name of lender _____
Balance Owed _____ how long have you lived at this residence _____

Do you own, or are you buying or have any interest in any other real property? If so, list below:

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

Income received from all properties: \$ _____

HOUSEHOLD INCOME INFORMATION

List all household income from all sources for each member of the household:

Household Member	Source of Income	Periodic or Annual Income

Attach a copy of each household member's most recent state and federal tax return forms.

HOUSEHOLD ASSET INFORMATION

List all household savings and investments:

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

List of all life insurance policies held by you and your spouse:

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

List of all assets divested in the past 36 months:

Description	Current Value

List of all motor vehicles in household:

Make	Year	Owned by	Used For	Monthly Payment	Balance Owed

List of all other assets and their values:

Type of Asset	Owner	Value	Income derived from Asset

PERSONAL DEBTS

List all household members' personal debts:

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

MONTHLY EXPENSES

Utilities _____, Food _____, Phone _____, Clothing _____
Heat _____, Car _____, Other (specify) _____

AUTHORIZATION FOR VERIFICATION

I, _____, as an applicant to Wawatam Township for a Property Tax Poverty person, firm or organization which I have identified in this Application in order to verify the information I have provided herein, Additionally, I authorize any person firm, or organization so contracted to provide any such information to "Wawatam Township as requested. I am aware that any willful inaccuracies, misstatements, or misrepresentation made by me in this application may constitute perjury, which under the law in a felony violation punishable by fine or imprisonment.

Notice to Applicant

Do not sign this application exception in the presence of Wawatam Township Supervisor, Assessor, Board of Review Member or Notary public.

**State of Michigan
County of Emmet**

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

Signature of Applicant _____
Subscribed and sworn the _____ day of _____, 20____
Signature _____
(Supervisor, Assessor, Board of Review or Notary Public)

FOR BOARD OF REVIEW USE

Disposition by the Board of Review _____ Date _____
Denied _____ Approved _____ Assessment reduced to _____
Supervisor _____
Chairperson _____
Second Member _____
Third Member _____

Wawatam Township
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