



City of Kalamazoo
2018 Application for Reduction in Property Taxes

Documents Needed

In order for the city to approve your application, you must provide proof of your income and assets. Please provide the following items.

- 1) The fully completed and signed application form, which includes a complete listing of **all** persons residing in this home, showing their age, employment/disability status, and income.
- 2) If the property is not in your name currently due to an unrecorded land contract or otherwise, then provide proof of ownership.
- 3) Copy of most recent annual Social Security notice of amount of monthly benefit for each person in your household who receives any type of Social Security benefit.
- 4) Copy of the 2017 Federal and State income tax returns for you **and** for every household member who is required to file. **The Applicant's Michigan return MUST include a Homestead Property Tax Credit Claim (MI1040CR) and a Home Heating Credit Claim. The credit will be expected if the form is not provided.**
- 5) Copies of the TWO most recent statements for every bank, retirement, annuity, cash value life insurance, brokerage, or other financial asset accounts held by you or any person residing in your household.
- 6) A statement detailing any assets owned by any person residing in your household, other than normal household goods and items listed on the application.
- 7) Again, be sure to include proof of income and assets for **each** person who resides in your household.
- 8) Deadline dates for the hardship applications:

For the application to be heard at the March 2018 Board of Review:
The application must be received by **March 9, 2018.**

For the application to be heard at the July 2018 Board of Review:
The application must be received by **July 13, 2018.**

For the application to be heard at the December 2018 Board of Review:
The application must be received by **December 7, 2018.**

- 9) Deliver the application and all documents to:

Kalamazoo City Assessor
241 W South St
Kalamazoo MI 49007

City of Kalamazoo

Guidelines for Property Tax Reduction Due to Financial Hardship

- 1) All applicants must meet income standards as established by the City Commission.
- 2) Exemptions will be granted to owner-occupied homesteads only. The property must have at least a 50% Principal Residence Exemption.
- 3) All applicants must provide the city with a copy of Federal and State income tax returns filed for all persons residing in the household.
- 4) Senior citizens will pay no more than 3% of their income, after homestead credit rebate from the State, for property taxes.
- 5) Citizens under age 65 will pay no more than 5% of their income, after homestead credit rebate from the State, for property taxes.
- 6) Senior citizens with savings (passbook, stocks, bonds, etc.) that total more than 3% of their income, or who own other property, will not qualify.
- 7) Citizens under age 65 with savings (passbook, stocks, bonds, etc.) that total more than 5% of their income, or who own other property, will not qualify.

When will the application be considered?

After you complete the application and furnish all required documentation, the City Assessor will determine if you meet the guidelines as established by the Kalamazoo City Commission. If so, then the application must go before the city's Board of Review for approval. This takes place only in March, July, or December. **PLEASE NOTE THE DEADLINES FOR SUBMITTING YOUR APPLICATION.** If your application is approved after a tax bill for the year has been issued, then that bill will be recalculated in the lowered amount.

An application for tax reduction is only valid for the year you apply. You must reapply each year. The city CANNOT approve any reduction for prior years.

Decisions of the March Board of Review may be appealed in writing to the Michigan Tax Tribunal by July 31 of the current year. July or December Board of Review denials may be appealed to Michigan Tax Tribunal within 35 days of the denial. A copy of the Board of Review decision must be included with the filing.

Michigan Tax Tribunal
PO Box 30232
Lansing, MI 48909

Phone: 517-373-3003
E-mail: taxtrib@michigan.gov
Website: www.michigan.gov/taxtrib



City of Kalamazoo

2018 Income Levels for Property Tax Reduction Due to Hardship

To qualify for a property tax Hardship Reduction, your income cannot be higher than the amount in the "Qualifying Income Level" column for the number of persons in your household. In addition you must meet the other requirements.

Number of persons in household	2018 Federal Poverty Thresholds	Qualifying Income Level 25% Above Federal Threshold per City Commission Policy
1 person	\$12,060	\$15,075
2 persons	\$16,240	\$20,300
3 persons	\$20,420	\$25,200
4 persons	\$24,600	\$30,750
5 persons	\$28,780	\$35,975
6 persons	\$32,960	\$41,200
7 persons	\$37,140	\$46,425
8 persons	\$41,320	\$51,650
9 persons	\$45,500	\$56,875
10 persons	\$49,680	\$62,100
11 persons	\$53,860	\$67,325
12 persons	\$58,040	\$72,550
Increase for each additional person over 12	\$4,180	\$5,225

<p>City of Kalamazoo</p> <p>2018 Application for Reduction in Property Taxes</p> <p>Due to Financial Hardship</p>
--

I, _____, Petitioner, being the owner and residing at the property that is listed below as my principal residence, apply for property tax relief under MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893.

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:	Daytime Phone Number:	
Age of Petitioner:	Marital Status:	Age of Spouse:
Number of Legal Dependents:	Age of Dependents:	
Applied for Homestead Property Tax Credit (yes or no):	Amount of Homestead Property Tax 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 if requested.

Property Parcel Code Number:	Name of Mortgage Company:	
Unpaid Balance Owed on Principal Residence:	Monthly Payment:	Length of Time at This Residence:
Property Description (street address or full legal description):		

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

Do you own, or are buying, other property (yes or no)? If yes, complete the information below.		Amount of Income Earned from Other Property:	
Property Address	Name of Owner(s)	Assessed Value	Amount & Date of Last Taxes Paid
		\$	
		\$	

EMPLOYMENT INFORMATION: List current employment information for you and any other employed household member.

Name of Employer:	Name of household member who is employed:
Address of Employer:	Employer Phone Number:

Name of Employer:	Name of household member who is employed:
Address of Employer:	Employer Phone Number:

Name of Employer:	Name of household member who is employed:
Address of Employer:	Employer Phone Number:

If necessary, attach separate sheet showing the information requested above for any other household member who is employed.

INCOME:

List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRA's (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, **friend or family gifts/contributions**, reverse mortgage, **bills paid by someone else**, or **any other source of income**.

Source of Income	Amount and indicate whether Monthly, Annual or One-Time Income

CHECKING, SAVINGS AND INVESTMENT INFORMATION: List any and all accounts owned by **all** household members, including but not limited to: checking accounts, 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

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

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

MONTHLY EXPENSE INFORMATION: The amount of monthly expenses related to the principal residence for each category must be listed. **INCLUDE BILLS PAID BY FAMILY OR FRIENDS AS GIFTS.** Indicate N/A as necessary.

Heating:	Electric:	Water:
Phone:	Cable:	Food:
Clothing:	Health Insurance:	Garbage:
Daycare:	Car Expense (gas, repair, etc):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):

NON-FILING OF INCOME TAX: For every household member 18 years of age or older who has not filed a 2017 Federal and/or Michigan Income Tax return, state the reason for non-filing. **NOTE: Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3 or 4) will be expected and should be filed regardless of income.** *Note that if any household member is required to file a Federal or State income tax return for 2017 and has not yet done so, the return(s) MUST be filed before this application can be accepted.*

First & Last Name	Age	2016 Returns not filed	Reason for non-filing.
		() Federal () State	
		() Federal () State	
		() Federal () State	
		() Federal () State	
		() Federal () State	

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: Per MCL 211.7u(2b), a copy of all household members federal income tax returns, state income tax returns (MI-1040) and Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income. Documentation for all income sources including, but not limited to, credits, claims, Social Security income, child support, alimony income, and all other income sources must be provided at time of application.

If this application is not complete or if the required documentation is not fully submitted, then the City Assessor will return it to you and it will not be considered by the Board of Review.

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

STATE OF MICHIGAN
COUNTY OF KALAMAZOO

I, the undersigned Applicant, hereby declare that the foregoing information is complete and true and that neither I, nor any household member residing within the principal residency, have money, income or property other than mentioned herein.

X _____
Applicant Signature Date

Subscribed and sworn this _____ day of _____, 20__

Signature: _____ Printed Name: _____
() Assessor () Assessor staff () Board of Review Member () Notary Public

If Notary, appointed for _____ County, acting in _____ County;

My Commission Expires: _____

PLEASE NOTE THE DEADLINES LISTED BELOW.

This application shall be filed after January 1.

For the application to be heard at the March 2018 Board of Review, the application must be received by **March 9, 2018.**

For the application to be heard at the July 2018 Board of Review, the application must be received by **July 13, 2018.**

For the application to be heard at the December 2018 Board of Review, the application must be received by **December 7, 2018.**

The application should be sent to the address below.

Kalamazoo City Assessor
241 W South St
Kalamazoo MI 49007
