Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION — Enter i	information for the person owning	and occupying the	residence	
Owner Name			ephone Number	
Mailing Address	City			
	City	Stat	e ZIP Code	
PART 2: LEGAL DESIGNEE INFORMATION	N (Complete if applicable.)	1. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
egal Designee Name		Daytime Telephone Number		
Mailing Address	L and			
	City	Stat	e ZIP Code	
PART 3: HOMESTEAD PROPERTY INFOR	MATION — Enter information for pro	perty in which the exc	motion is being elsions	
City or Township (check the appropriate box and enter name)	ck the appropriate box and enter name)		amption is being claimed	
City Township Village				
Name of Local School District				
Parcel Identification Number	Year(s) Exemption Previou	sly Granted by Board of Rev	view	
Homestead Property Address				
Homestead Property Address	City	State	e ZIP Code	
PART 4: AFFIRMATION OF OWNERSHIP, C	COUPANCY AND INCOME OTA			
the second s	CCUPANCI, AND INCOME STA	IUS (Check all box	es that apply.)	
 I own the property in which the exemption The property in which the exemption is as any dwelling with its land and building After establishing initial eligibility for the I receive a fixed income solely from public rate of inflation, such as federal Suppler 	being claimed is used as my hom gs where a family makes its home exemption, my income and asset lic assistance that is not subject to	status has remaine	d unchanged and/or	
PART 5: CERTIFICATION				
I hereby certify to the best of my knowledge t an exemption from property taxes by reason	hat the information provided on th of poverty pursuant to Michigan C	is form is true and I ompiled Law, Section	am eligible to receive on 211.7u.	
Owner or Legal Designee Name (print)	Signature of Owner or Legal Designee		Date	
Designee must attach a letter of authority.				
LOCAL GOVERNMEN	T USE ONLY (DO NOT WRITE B	FLOW THIS LINE)		
			Tax Year(s) exemption will be posted to tax roll	
CERTIFICATION — I certify that, to the best accurate.	t of my knowledge, the information	n contained in this f	form is complete and	
ssessor Signature		Date Certified by Assess	Dr	