

**BUEL TOWNSHIP  
BOARD OF REVIEW  
POVERTY EXEMPTION POLICY AND GUIDELINES**

Section 211.7u(1) of the Michigan General Property Tax Act defines the poverty exemptions as a method to provide relief for those who, in the judgment of the Assessor and the Board of Review are unable to fully contribute to the annual property tax burden of their principal residence due to their financial situation. The following policy and guidelines were adopted by the Buel Township Board, Resolution No. 2026-01.

- 1) To request a poverty exemption, a taxpayer must file:
  - a. Form 5737 Application and Affirmation for MCL 211.7u Poverty Exemption
  - b. All required additional documentation (such as federal and state income tax returns) for all persons living in the homestead.
- 2) All applicants must fill out a "Hardship Exemption Application" in its entirety.
- 3) All applicants must be the owner and resident of the property which tax relief is filed on. They must provide a valid drivers' license or other acceptable method of identification. They must also provide a deed, land contract, or other evidence of ownership if requested by the Board of Review.
- 4) Applicant must meet the "Federal Poverty Exemption Guidelines" set forth by the Buel Township Board. An Asset Test is also included in the Asset Guidelines that are to be used in the determination of all hardship exemptions.
- 5) All Financial Institution balances will be taken into account. The Board will also consider stocks, bonds, life insurance policies, other real estate owned, vehicles, interest income and any additional assets.
- 6) Gifts and contributions by all persons whether living in the household or not will be taken into consideration.
- 7) Extraordinary medical expenses may be taken into consideration.
- 8) Persons applying for a hardship exemption will be encouraged to meet in person with the Board of Review in order to answer any questions relative to their application. Applicants or their authorized agents may have to answer questions regarding such subjects as financial affairs, health and/or the status of people living in their home at a meeting that is open to the public.
- 9) The Board of Review shall follow the guidelines of the local assessing unit in granting or denying an exemption.
- 10) In accordance with PA 390 of 1994, the Applicant must meet the "Asset Guidelines" adopted by the Buel Township Board. (Attached)
- 11) A person who files for a hardship exemption is not prohibited from also filing an appeal on the assessment and/or taxable value.
- 12) Poverty Exemption Affidavit (form 4988) to be completed and submitted with application to any applicants that were not required to file federal or state income tax returns, per MCL 211.7u(2)(b).

APPLICANT: Your application for poverty exemption may be denied if:

1. Your Hardship Exemption Application is not filled out completely or includes inaccurate information.
2. Savings account, checking account, investments, interest earnings, dividends or other liquid assets either in total or individually meet or exceed double the amount of the current annual property tax obligation.
3. Applicant does not otherwise meet the asset levels set by the local governing body.
4. Recreational Vehicles\* owned or leased in total exceed the amount of the current asset guidelines.
5. Total Household Income exceeds income eligibility guidelines as adopted by the Buel Township Board, set annually by the Department of Health and Human Services, as the official Federal Poverty Guidelines.

*Recreational vehicles may include snowmobiles, boats, camping trailers, travel trailers, motor home, Jet ski, motor cycles, off road vehicles, or anything which may be considered a Recreational Vehicle.*

**BUEL TOWNSHIP  
BOARD OF REVIEW  
2026  
GUIDELINES FOR APPLICANTS  
REQUESTING CONSIDERATION FOR POVERTY EXEMPTIONS**

All applicants must obtain the property application from the assessor or local township official. Handicap or disable applicants may call the Assessor's Office at (810) 378-5776 to make necessary arrangements for assistance.

Applicants will be eligible for consideration if they meet the following poverty guidelines, set forth annually by the State Tax Commission.

<u>Size of Family Unit</u>	<u>2026 Poverty Guidelines</u>
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(s) \$ 5,500

## Asset Guidelines Used in the Determination of Poverty Exemptions

As required by PA 390 of 1994, all guidelines for poverty exemption as established by the governing body of the local assessing unit **SHALL** also include an asset level test. The following asset test shall apply to all applications for poverty exemption.

- The applicant shall not have “**liquid**” assets (excluding the value of the principal residence subject to the exemption request) in excess of **two (2)** times the amount of the estimated tax obligation of the current assessment.
- The applicant shall not have **total** assets (excluding the value of the principal residence subject to the exemption request) in excess of **ten (10)** times the amount of the estimated tax obligation of the current assessment.

All asset information, as requested in the Application for Poverty Exemption must be completed in total. The Board of Review may request additional information and verification of assets if they determine it to be necessary and may reject any application if the assets are not properly identified.

Liquid Assets may include but are not limited to:

- Bank accounts
- Stocks and Bonds
- IRA’s and other investment accounts
- Pensions
- Money received from the sale of property such as stocks, bonds, a house or a car unless a person is in the specific business of selling such property.

In addition, total assets may also include but are not limited to:

- A second home
- Excess or vacant land
- Rental property
- Extraordinary automobiles
- Recreational vehicles\*
- Buildings other than the residence
- Equipment
- Other personal property of value
- Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms.

*\* Recreational vehicles may include snowmobiles, boats, camping trailers, travel trailers, motor home, Jet ski, motor cycles, off road vehicles, or anything which may be considered a Recreational Vehicle.*

Date: \_\_\_\_\_

**BUEL TOWNSHIP**  
**SANILAC COUNTY**  
**HARDSHIP EXEMPTION CALCULATION FORMULA**

- 1. OWNER OF PROPERTY Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. PROPERTY HOMESTEAD SUBMITTED Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. EXCEEDS ASSET LEVEL GUIDELINE AMOUNT Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. LIQUID ASSETS (Including Annual Income) \_\_\_\_\_
- 5. TOTAL ASSETS (Line 4+Additional Assets) \_\_\_\_\_
- 6. DEDUCTIONS (Atypical Expenses) \_\_\_\_\_
- 7. ADJUSTED INCOME (line 5 minus line 6) \_\_\_\_\_
- 8. ADJUSTED INCOME MEETS HARDSHIP GUIDELINES Yes \_\_\_\_\_ No \_\_\_\_\_
- 9. ESTIMATED TAXES BASED ON CURRENT TAXABLE VALUE \_\_\_\_\_
- 10. ABILITY TO PAY (Adjusted Income, line 7, multiplied by 3.5%) \_\_\_\_\_
- 11. TAXES FOR HARDSHIP CONSIDERATION (Total Taxes, line 9 minus Ability to Pay, line 10) \_\_\_\_\_
- 13. IF LINE 12 IS 0 (ZERO) OR LESS =                     **DO NOT QUALIFY**

*IF LINE 12 IS GREATER THAN \$0, TAKE THE DIFFERENCE AND DIVIDE BY MILLAGE RATE=*

**TAXABLE VALUE REDUCTION**



Taxable Value Reduction Score applied to  
MCL 211.7u(5) approved percentage Reductions

TVR ≥ 75	=100%
TVR < 75, but ≥ 40	=50%
TVR < 40, but ≥ 20	=25%
TVR ≤ 19	=0%

## Application and Affirmation for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township where the property is located in each year on or after January 1 but before the day prior to the last day of the board of review. Poverty Exemptions may be heard by the Board of Review during its March, July, and December sessions.

**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.

### PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information.

Petitioner's Name		Daytime Phone Number	
Age of Petitioner	Marital Status	Age of Spouse	Number of Legal Dependents
Property Address of Principal Residence		City	State ZIP Code

### PART 2: 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 of the property at the Board of Review meeting.

Property Parcel Identification Number		Name of Mortgage Company	
Unpaid Balance Owed on Principal Residence	Monthly Payment	Length of Time at this Residence	
Property Description			

### PART 3: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (Check all boxes that apply.)

- I own the property in which the exemption is being claimed.
- The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.

### PART 4: ADDITIONAL PROPERTY INFORMATION

List information related to any other property owned by you or any member residing in the household.

<input type="checkbox"/>	Check if you own, or are buying, other property. If checked, complete the information below.	Amount of Income Earned from other Property		
1	Property Address	City	State	ZIP Code
	Name of Owner(s)	Assessed Value	Date of Last Taxes Paid	Amount of Taxes Paid
2	Property Address	City	State	ZIP Code
	Name of Owner(s)	Assessed Value	Date of Last Taxes Paid	Amount of Taxes Paid

**PART 5: EMPLOYMENT INFORMATION — List your current employment information.**

Name of Employer

Address of Employer

City

State

ZIP Code

Contact Person

Employer Telephone Number

**PART 6: INCOME SOURCES**

List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income, for all persons residing at the property.

Source of Income

Monthly or Annual Income  
(indicate which)**PART 7: CHECKING, SAVINGS AND INVESTMENT INFORMATION**

List any and all savings 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, for all persons residing at the property.

Name of Financial Institution  
or InvestmentsAmount  
on DepositCurrent  
Interest Rate

Name on Account

Value of  
Investment**PART 8: LIFE INSURANCE — List all policies held by all household members.**

Name of Insured

Amount of  
PolicyMonthly  
PaymentsPolicy Paid in  
Full

Name of Beneficiary

Relationship to  
Insured**PART 9: MOTOR VEHICLE INFORMATION**

All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.

Make

Year

Monthly Payment

Balance Owed

**PART 10: HOUSEHOLD OCCUPANTS** — List all persons living in the household.

First and Last Name	Age	Relationship to Applicant	Place of Employment	\$ Contribution to Family Income

**PART 11: PERSONAL DEBT** — List all personal debt for all household members.

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

**PART 12: MONTHLY EXPENSE INFORMATION**

The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.

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

**NOTICE:** Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

### PART 13: POLICY AND GUIDELINES ACKNOWLEDGMENT

The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.

The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.

### PART 14: LEGAL DESIGNEE INFORMATION (Complete if applicable.)

Legal Designee Name		Daytime Telephone Number	
Mailing Address	City	State	ZIP Code

### PART 15: CERTIFICATION

I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.

Printed Name	Signature	Date
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This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 30 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal  
PO Box 30232  
Lansing MI 48909

Phone: 517-335-9760  
Email: [taxtrib@michigan.gov](mailto:taxtrib@michigan.gov)

# 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 information for the person owning and occupying the residence.

Owner Name		Owner Telephone Number	
Mailing Address	City	State	ZIP Code

## PART 2: LEGAL DESIGNEE INFORMATION (Complete if applicable.)

Legal Designee Name		Daytime Telephone Number	
Mailing Address	City	State	ZIP Code

## PART 3: HOMESTEAD PROPERTY INFORMATION — Enter information for property in which the exemption is being claimed.

City or Township (check the appropriate box and enter name) <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village		County	
Name of Local School District			
Parcel Identification Number		Year(s) Exemption Previously Granted by Board of Review	
Homestead Property Address	City	State	ZIP Code

## PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (Check all boxes that apply.)

- I own the property in which the exemption is being claimed.
- The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.
- After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or I receive a fixed income solely from public assistance that is not subject to significant annual increases beyond the rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits.

## PART 5: CERTIFICATION

I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive an exemption from property taxes by reason of poverty pursuant to Michigan Compiled Law, Section 211.7u.

Owner or Legal Designee Name (print)	Signature of Owner or Legal Designee	Date
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Designee must attach a letter of authority.

### LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)

<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Attach appeal instructions and provide to owner.)	Tax Year(s) exemption will be posted to tax roll
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**CERTIFICATION** — I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.

Assessor Signature	Date Certified by Assessor
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## 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