CITY OF OWOSSO POVERTY EXEMPTION GUIDELINES FOR 2026

Policy

The City of Owosso will grant property tax exemptions due to poverty according to Section 211.7u of the Michigan Compiled Laws. Pursuant to Public Act 253 of 2020, if a person qualifies, the board of review may grant either a 100%, 75%, 50% or 25% reduction in taxable value for the applicable tax year, or any other percentage reduction approved by the state tax commission. However, the City of Owosso elects to grant 100% reductions only.

Property tax poverty exemptions must be applied for yearly (between January 1 and <u>**Dec 11, 2026)**</u>. Applications may be mailed, emailed or returned in person to Owosso City Hall, 301 W Main St., Owosso MI 48867 or placed in the red drop box in City Hall's parking lot. Questions may be directed to the city Assessing department at (989) 725-0530 or Assessing@ci.owosso.mi.us.

To be eligible, a person shall do all the following on an annual basis:

- Be the owner and occupy the principal residence of the property for which an exemption is applied.
- Submit an application on the form provided by the State of Michigan, available through the City Assessor's office. The application constitutes an appearance before the Board of Review for the purpose of preserving the applicant's right to appeal.
- Provide proof of residency for <u>all</u> residents in the home.
- Supply a copy of federal and state income tax returns filed in the current year for <u>all</u> <u>adult residents</u> if available, or immediately preceding year if current is unavailable, and/or a signed affidavit stating income tax returns are not required to be filed (Treasury Form 4988).
- Supply copies of six-months-worth of income evidence for the previous year (pay stubs, benefit statement, etc.) for <u>all</u> residents 18 years old and over. Additional stubs may be requested at a later date.
- If the applicant fails to supply <u>all</u> the required documents or if it is found that the information supplied is fraudulent, the application <u>shall be denied</u>.

Income Guidelines

Applicant's income shall not exceed the poverty income thresholds listed here. Income of students under the age of 18 years shall **not** be included as income.

2026 Income Standards Poverty Threshold

Total number of persons residing in homestead	Annual allowable income
1 person	\$25,800
2 persons	\$29,450
3 persons	\$33,150
4 persons	\$36,810
5 persons	\$39,780
6 persons	\$43,150
7 persons	\$48,650
8 persons	\$54,150
Each additional person, add	\$5,500

Asset Guidelines

Assets (except the original homestead, essential household goods and the first \$10,400 of the market value of a motor vehicle), less what is owed on said vehicle, shall not exceed \$6,500 (six thousand five hundred dollars) for individual applicant and/or \$9,100 (nine thousand one hundred dollars) per household if more than one financial contributor.

Required Documents Checklist

 Proof of Identity (driver's license, picture identification, etc.).
 Proof of ownership (deed, contract, etc.).
 Proof of residency for all occupants.
 Proof of Income for all adults (prior year six-month period – pay stubs, Social Security, etc.).
 Copies of prior year self-employment documents (checks, receipts), if applicable.
 Copies of prior year unemployment compensation, if applicable.
 Copy of prior year-end bank statement(s) for all adults.
 Federal Income Tax Return (most recent) or Poverty Exemption Affidavit if filing is not required, for all adults.
 State Income Tax Return (most recent) or Poverty Exemption Affidavit if filing is not required, for all adults.
Copies of prior year non-cash benefits letters such as Bridge Card / SNAP benefits / DHS assistance or evidence showing amount of monthly assistance, if applicable.
Copy of child/spousal support letter, if applicable.

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.

PAR	T 1: PERSONAL INFOR	RMATION -	 Petitioner must li 	st all required persona	al informa	ation.		
Petitioner's Name					Daytime Phone Number			
Age of	Age of Petitioner Marital Status			Age of Spouse	Number of Legal Dependents			Dependents
Proper	ty Address of Principal Residence	l		City			State	ZIP Code
PAR	T 2: REAL ESTATE INF	ORMATIO	N					
	the real estate information ence of ownership of the				to provide	e a de	eed, land	d contract or other
Proper	ty Parcel Identification Number			Name of Mortgage Company				
Unpaid	Balance Owed on Principal Resid	lence	Monthly Payment		Length of	Time at	this Reside	nce
Proper	ty Description							
PART 3: AFFIRMATION OF OWNERSHIP AND OCCUPANCY (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.								
Check if you own, or are buying, other property. If checked, complete the information below.						m other Property		
	Property Address			City			State	ZIP Code
1	Name of Owner(s)			Assessed Value	Date of Last Taxes Paid		s Paid	Amount of Taxes Paid
	Property Address	ess			City			ZIP Code
2	Name of Owner(s)	Assessed Value	Date of La	st Taxe	s Paid	Amount of Taxes Paid		

PART 5: EMPLOYMENT	INFORMAT	TION -	— List your cu	urrent emp	loyment	information.				
Name of Employer										
Address of Employer				City		ZIP Code				
Contact Person				Employer	Telephone	Number	I			
PART 6: INCOME SOURCE	CES									
List all income sources, in retirement accounts), une dividends, claims and judg or any other source of income	mployment gments fror	comp	pensation, dis suits, alimony	ability, gov , child sup _l	ernment oort, friei	pensions, worker's	compe	nsation,		
	Source	e of Ir	ncome		Monthly or Annual Income (indicate which)					
								,		
PART 7: CHECKING, SAV	/INGS ANI	VNI C	ESTMENT IN	FORMATI	ON					
List any and all savings of accounts, postal savings, persons residing at the pro-	credit unio									
Name of Financial Institution or Investments			Amount n Deposit	Current Interest R		Name on Account		Value of Investment		
PART 8: LIFE INSURANCE	E — List a	II poli	cies held by a	ll househo	ld memb	ers.		1		
Amount of Name of Insured Policy			Monthly Police		Paid in ull	Name of Beneficiary		Relationship to Insured		
PART 9: MOTOR VEHICL	E INFORM	IATIO	N	'		1		1		
All motor vehicles (including within the household must		cles,	motor homes,	, camper tr	ailers, et	c.) held or owned b	y any po	erson residing		
Make			Year		Monthly Payment		Balance Owed			
						<u> </u>				

PART 10: HOUSEHOLD C	CCUPANTS	— List all	persons	living	g in the housel	nold.				
First and Last Name		Age		Relationship to Applicant P		Place	e of E	Employment	\$ Contribution to Family Income	
							-		•	
PART 11: PERSONAL DE	BT — List all	personal d	lebt for a	II hou	usehold memb	oers.				
			Dat							
Creditor	Purpose	of Debt	of De	bt	Original Bal	ance	Mont	hly Payment	Balance Owed	
PART 12: MONTHLY EXP	ENSE INFOR	RMATION								
The amount of monthly ex necessary.	penses relate	ed to the pr	incipal re	eside	nce for each o	atego	ry mu	ist be listed. Ir	ndicate N/A as	
Heating	Electric		Water				,	Phone		
Cable	Food		Clothing			Health Insurance				
Garbage Daycare						Са	Car Expense (gas, repair, etc.)			
Other (type and amount) Other (type and			nd amount)			Oth	Other (type and amount)			
Other (type and amount) Other (type and a				nd 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 ACKNO	WLEDGME	ENT				
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					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		

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

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.

	, swear and affirm by my signature below that I ubject of this Application for Poverty Exemption and that
·	year, I was not required to file a federal or state income
Address of Principal Residence:	
Signature of Person Making	