

Charter Township of Bloomfield

2025 Poverty Exemption Policy and Guidelines

(Revised 11/30/2023)

Dear Bloomfield Township Resident,

The Township has always strived to serve its residents in the best way possible, and offering financial assistance when needed is one way we can help. If you feel like you qualify for the property tax hardship exemption, the waiver of solid waste (refuse) application or the minor home improvement community development block grants, please take the time to review the following guidelines and apply for the programs for which you would qualify.

Section 211.7u (1) of the Michigan General Property Tax Act defines the Poverty or Hardship Exemption as a method to provide relief for those who, in the judgment of the Board of Review, are unable to fully contribute to the annual property tax burden of their principal residence due to their financial situation.

In granting Poverty Exemptions, the Charter Township of Bloomfield and the Board of Review realize that it represents a shift of those property taxes exempted to the other taxpayers of the Township. Poverty Exemptions are intended to assist those who are in temporary financial straits and is **NOT** intended as a permanent or continuous subsidy.

To be eligible for Hardship Exemption and Waiver of Solid Waste (Refuse) Application, the following information is required to be filed with the Assessing Office. **All asset information that is being requested must be fully completed. The Board of Review may request you to supply additional information or verification of assets if they determine it to be necessary to proceed with approval. The application may be denied if assets are not able to be verified.**

1. Fully completed and notarized Bloomfield Township Financial Assistance Application
2. Fully completed 2024 W-2 Forms, Social Security Statements or similar income verification for all permanent members of the household
3. Fully completed, signed and dated 2024 Federal & Michigan Income Tax Returns and supporting schedules for all household members, proof supporting gross annual income from any and all sources, W-2 forms if applicable, and Social Security Statements for all occupants.
IMPORTANT: 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. If a 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, an affidavit in a form prescribed by the state tax commission may be accepted in place of the federal or state income tax return.
4. 8 consecutive months of completely unaltered bank statements from any and all bank accounts. Statements must include all pages and show all deposits, automatic withdrawals and debit card transactions for all owners and residents.
5. Valid Michigan driver's license
6. Proof of property ownership (if requested)
7. If applicable, a current statement from a reverse mortgage showing the amount available for withdrawal.

Following are the guidelines for Hardship Exemption and Waiver of Solid Waste (Refuse) Application as established by the Charter Township Board of Trustees:

1. Applicants MUST meet the poverty income standards; these will be based upon the current year Federal Poverty Thresholds multiplied by a rate of 250% (or 2.5).

# Persons	Income
1	\$37,650
2	\$51,100
3	\$64,550
4	\$78,000
5	\$91,450
6	\$104,900
7	\$118,350
8	\$131,800
Addn Person(s)	\$13,450/each

2. Applicants MUST be an owner of and occupy as a homestead (as defined by MCL 211.7c) the property for which an exemption is being requested. Any application must be submitted before December 1st of the current year and **all prior property taxes must be paid or on a payment plan with the Oakland County Treasurer to pay the delinquency.**
3. Applicants MUST file a completed "Bloomfield Township Financial Assistance Application" with the Board of Review on a form provided by the Assessing Department and included a copy of their State of Michigan Income Tax Returns and all supporting documents for ALL PERSONS residing in the homestead.
4. Applicants must provide a valid driver's license or other form of identification and must also provide a copy of a deed, land contract, or other evidence of ownership of the property for which an exemption is requested by the Assessor or Board of Review.
5. The asset threshold for Bloomfield Township includes all assets with a combined value of \$25,000 for 1 person living in residence, or \$35,000 for 2 or more that will be considered available for the payment of taxes.
6. Assets include, but are not limited to: real estate other than principal residence, personal property, vehicles other than first initial vehicle, recreational vehicles, recreational equipment, certificates of deposit, savings and checking accounts, stocks, bonds, life insurance, retirement funds, etc.

The Board of Review shall review all applications for Poverty Exemption that are submitted in their entirety, as authorized by P.A. 253 of 2020. It is not the intent of the Township to adopt a policy of an individual being "automatically entitled" to exemptions. If a person meets all eligibility requirements in statute, the Board of Review must grant a full exemption equal to a 100% reduction in taxable value OR a partial exemption equal to a 25%, 50% or 75% reduction in taxable value OR any other percentage reduction in taxable value approved by the STC.

Your application will be sent to the March, July or December Board of Review session. The Board of Review schedule for 2025 is as follows:

March:	Monday, March 10, 2025
July:	Tuesday, July 15, 2025
December:	Monday, December 1, 2025

Applicants will be notified in writing of the Board of Review's decision and their appeal rights. All hardship exemptions are, by law, effective for ***one year only***.

Please return the fully completed application and necessary information to the Bloomfield Township Assessing Department no later than December 1st. The application can be signed and notarized at the Township. **If there are any questions, please call the Assessing Department at (248) 433-7710.**

Darrin Kraatz, MMAO
Assessor

CHECK LIST
2025 POVERTY EXEMPTION ATTACHMENTS
(Please submit copies only – not originals)

THIS COMPLETED CHECK LIST MUST BE RETURNED WITH THE POVERTY EXEMPTION APPLICATION

Note: Provide copies of the following as proof for **all occupants living in the home** even if not contributing to household income or expenses.

- _____ Timely filed no later than December 1st and fully completed and signed Poverty Exemption Application.
- _____ Copies of completed and **signed** 2024 Federal Income Tax Return (or completed Poverty Exemption Affidavit if not required to file income tax returns)
- _____ Copies of completed and **signed** 2024 Michigan Income Tax Return (or completed Poverty Exemption Affidavit if not required to file income tax returns)
- _____ Copies of 2024 W-2 Forms, Social Security Statements (SSA-1099), Disability Statement or similar income verification for all household members
- _____ Copies of statements from additional income sources including unemployment, alimony, child support, ADC, Food Stamps, etc.
- _____ Copies of statements from last **8 months for any and all** checking account, savings account, certificate of deposit (CD's), stocks, bonds, pension (IRA, 401, etc.) account or any other assets or retirement accounts.
- _____ Copies of valid State of Michigan Driver License or similar form of identification for all members of the household
- _____ Copy of 2024 mortgage/equity loan payment verification showing the current loan balance and principal and interest payment amounts. If mortgage/equity loan was obtained in the last two (2) years, a copy of the mortgage application is required. If there is a reverse mortgage, proof of current amount available for withdrawal must be provided.
- _____ Copies of State of Michigan Registration for all vehicles in the household
- _____ Copy of proof of property ownership (Deed, Land Contract, etc.)
- _____ Completed Applicant Certification form
- _____ Completed Waiver of Confidentiality form

WAIVER OF CONFIDENTIALITY

Parcel ID Number: _____

Property Address: _____

I (we), _____, hereby consent to the examination of all submitted documents as well as the tax returns and any other related financial documents required to determine eligibility for tax relief, including but not limited to all those listed below:

- Federal Income Tax Returns
- Michigan Income Tax Returns
- Principal Residence Exemption Form
- Social Security Administration Statements

by the Bloomfield Township Assessing Department staff, their designated agent, the members of the Bloomfield Township Board of Review, and the State of Michigan Tax Tribunal authority. I further consent to any discussion of the information contained in this application at a duly convened public meeting of the Bloomfield Township Board of Review.

By signing this Waiver of Confidentiality, I understand and acknowledge that I am forever giving up any and all possible claims that I may have related to the disclosure of information contained in said tax returns and related documents, for which claims may arise pursuant to Internal Revenue Code Section 6103, and/or any other federal, state, or local statute or regulation.

I certify that I have read and understand the contents of this document in its entirety and have signed it of my own free will.

Print Name

Print Name

Signature

Signature

Date

Date

Phone #

Email

APPLICANT CERTIFICATION

Please initial **EACH** applicable statement:

___ I/We declare that the statements made herein are complete, true and correct to the best of my/our knowledge. Any willful misstatements or misrepresentations made on this form may constitute perjury, which, under the law, is a felony punishable by fine or imprisonment.

___ I/We also understand that this application will be **DENIED** if the information contained within is found to be false or incomplete.

___ I/We understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability in accordance with Section 211.119 of the Michigan Compiled Laws.

___ I/We understand this application for exemption is **ONLY** for the tax year of **2025**.

___ I/We have received a copy of and understand the 2025 Poverty Exemption Policy and Guidelines.

___ I/We certify that I/We **DID** file a State and/or Federal Income Tax Return (1040 or MI-1040) for the tax year **2024** and included a copy with this application **OR** completed and included the Poverty Exemption Affidavit.

___ I/We hereby authorize the Bloomfield Township Assessing Department to verify and or obtain information from any creditor, financial institution, government agency, insurance company or any other organization necessary for the purpose of this application of Poverty Exemption for the tax year of **2025**.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Name of Preparer if other than applicant: _____
(Please Print)