

YEAR \_\_\_\_\_

PARCEL NUMBER \_\_\_\_\_

**CITY OF MARQUETTE  
APPLICATION  
FOR  
PRINCIPAL RESIDENCE POVERTY EXEMPTION**

The filing of this form is necessary to determine if you qualify for a Principal Residence Poverty exemption. The following questions are necessary in order to determine poverty and asset status. You are required to answer each question. If you do not answer each question, sufficient information will not be available to grant an exemption. Applications submitted without completed forms or income tax returns will NOT be processed.

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**CITY OF MARQUETTE  
POVERTY EXEMPTION APPLICATION**

I, \_\_\_\_\_, being the owner and resident of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act. The real and personal property of persons who, in the judgment of the Assessor and Board of Review, by reason of poverty are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation under this act.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address of property for which relief is being sought: \_\_\_\_\_

Phone Number : \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employment Status: \_\_\_\_\_

Usual Occupation: \_\_\_\_\_

Employer (Last employer if unemployed): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, workers' compensation, dividends, claims and judgments from lawsuits, child support and any other source.

SOURCE OF INCOME	MONTHLY OR ANNUAL INCOME

If you are unemployed, laid off, disabled, or retired, how long have you been in this status?: \_\_\_\_\_

DESCRIBE ANY DISABILITY OR HEALTH PROBLEMS YOU HAVE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's Employment Status: \_\_\_\_\_

Spouse's Usual Occupation: \_\_\_\_\_

Spouse's Employer (Last employer if unemployed): \_\_\_\_\_

If your spouse is unemployed, laid off, disabled, or retired, how long has she/he been in this status?: \_\_\_\_\_

DESCRIBE ANY DISABILITY OR HEALTH PROBLEMS YOUR SPOUSE MAY HAVE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of dependents: \_\_\_\_\_ Age of dependents: \_\_\_\_\_

Have you applied for Homestead Property Tax Credit this year?: \_\_\_\_\_

How much was your Property Tax Credit? \_\_\_\_\_

**\*\*ATTACH COPY OF 1040 CR AND FEDERAL AND STATE INCOME TAX RETURN FOR EACH PERSON RESIDING IN THE PRINCIPAL RESIDENCE, IF FILED FOR THE CURRENT OR PRECEDING YEAR.\*\***

**REAL ESTATE:** Is home paid for?: \_\_\_\_\_ Unpaid balance \_\_\_\_\_

Name of mortgage company: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ How long have you lived at this residence?: \_\_\_\_\_

Do you own, or are you buying any other property?: \_\_\_\_\_

If so, list below:

Property Address	Name of Owner	Assessed Value	Amount and Date of Last Taxes Paid

Income earned from above property: \$ \_\_\_\_\_

**SAVINGS AND INVESTMENTS:** List all savings owned by you or your spouse, including savings accounts, postal savings, credit union shares, certificates of deposits, cash, stocks, bonds or similar investment.

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment

**LIFE INSURANCE:** List all policies held by you and your spouse.

Insured	Amount of Policy	Amount Paid Monthly	Paid Up Policy	Name of Beneficiary	Relationship to Insured

**MOTOR VEHICLES IN HOUSEHOLD:**

Make	Year	Monthly Payment	Balance Owed

**LIST ALL PERSONS LIVING IN HOUSEHOLD:**

Last Name	First Name	Age	Relationship to Claimant	Place of Employment	Contribution to Family Income

**PERSONAL DEBTS:**

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

**MONTHLY EXPENSES:**

House Payment	\$	Water	\$	Electricity	\$
Heating – Gas/Oil	\$	Food	\$	Telephone	\$
Other (specify)	\$	Other (specify)	\$	Other (specify)	\$

**OTHER ASSETS:** List all other assets and their values that are owned or controlled by you. (For example, boats, coin collection, antiques, silver)

Type of Asset	Value	Income Derived from Assets	Owner

Do you expect to sell the principal residence for which property tax relief is being sought in the next year? \_\_\_\_\_

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### REASON FOR REQUESTING EXEMPTION

**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:** A copy of your latest federal income tax return, state income tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income.

**NOTE:** Do not sign until witnessed by the Assessor or the Assessor's representative, Board of Review, or Notary Public.

STATE OF MICHIGAN  
 COUNTY OF MARQUETTE

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

Applicant's Signature \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature: \_\_\_\_\_  
 Assessor, Board of Review Member, or Notary Public

This application shall be filed after January 1, but before the day prior to the last day of the Board of Review.

Return to : Marquette City Assessor  
300 W. Baraga Avenue  
Marquette, MI 49855

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**FOR BOARD OF REVIEW USE:**

Disposition by Board of Review

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

Denied: \_\_\_\_\_ Approved: \_\_\_\_\_

Assessment reduce to: \_\_\_\_\_

Assessor: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Second Member: \_\_\_\_\_

Third Member: \_\_\_\_\_

Fourth Member: \_\_\_\_\_

Fifth Member: \_\_\_\_\_

Decisions may be appealed to the Michigan Tax Tribunal.