

Poverty Petition

**Appointment:**

Date \_\_\_\_\_

Time \_\_\_\_\_

Write-in: Yes \_\_\_\_ No \_\_\_\_

Walk in: \_\_\_\_\_

**PLYMOUTH CHARTER TOWNSHIP  
PETITION TO BOARD OF REVIEW**

Property I.D. #78 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Owner's Mailing Address

\_\_\_\_\_  
Property Address (If Different from Mailing Address)

Phone # \_\_\_\_\_

\_\_\_\_\_  
Name and Address of Representative Agent (If Any)

Reason for Petition: (May continue on back of this sheet or attach information.)

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

Signature of Taxpayer (or Authorized Agent) \_\_\_\_\_

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2009 SEV \_\_\_\_\_

2010 SEV \_\_\_\_\_

2009 Assessed Value \_\_\_\_\_

2010 Assessed Value \_\_\_\_\_

2009 Taxable Value \_\_\_\_\_

2010 Taxable Value \_\_\_\_\_

**DISPOSITION BY THE BOARD OF REVIEW  
(BOARD USE ONLY)**

Date of Hearing \_\_\_\_\_ Facts Determined \_\_\_\_\_

ACTION VOTED: SEV Unchanged \_\_\_\_\_ SEV Changed To \_\_\_\_\_  
Capped Unchanged \_\_\_\_\_ Capped Changed To \_\_\_\_\_  
Hardship Denied \_\_\_\_\_ Taxable Reduced To \_\_\_\_\_

ACTION VOTED OF LEGAL OR STATUS NATURE: \_\_\_\_\_

RECORD OF VOTE – BOARD OF REVIEW (Initial and Date):

\_\_\_\_\_

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**APPLICATION FOR ONE YEAR HARDSHIP REDUCTION  
(MUST ATTACH A COMPLETE COPY OF YOUR FEDERAL & MICHIGAN 1040 TAX RETURN  
& FEDERAL AND MICHIGAN 1040 TAX RETURNS FOR ALL OTHER OCCUPANTS AT RESIDENCE.)  
YOU MAY ATTACH ANY ADDITIONAL DOCUMENT OR EXPLANATION.**

***Occupants in the home:***

Name \_\_\_\_\_ Age \_\_\_\_\_  
Relationship \_\_\_\_\_ Employment \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_  
Relationship \_\_\_\_\_ Employment \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_  
Relationship \_\_\_\_\_ Employment \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_  
Relationship \_\_\_\_\_ Employment \_\_\_\_\_

***Property Information:***

Do you own this property free and clear? \_\_\_\_\_

If not, what is the balance owing and monthly payment? \_\_\_\_\_

Do you have any taxes now due? \_\_\_\_\_

Have you ever received a hardship? \_\_\_\_\_

If so, what years? \_\_\_\_\_

***List all monthly utilities and insurance:***

To Whom	Amount	To Whom	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Monthly Payments & Other Debts: (Bank loans, credit cards, car payments, etc.)**

*What do you owe?*

To Whom	For What	Date of Debt	Amount	Original Payment	Monthly Balance

**Extraordinary Expenses: (Medical, etc.)**

To Whom	For What	Debt	Amount	Payment	Balance

**BANK ACCOUNT AND SAVINGS: (List all bank accounts owned by you or your spouse and your dependents. Also savings certificates, postal savings and cash in deposit box, on hand, or on deposit in credit unions.)**

Name of Bank, Bldg. & Loan No. or Postal, Savings Bank, etc.	Amount on Deposit Now	In Whose Name Is the Account	Amount & Date of Last Entry
1. _____			
2. _____			
3. _____			
4. _____			

List all stocks, bonds, mortgages land contracts owned by you, or your spouse, dependent(s)

	Current Value	Dividends, Interest & Amounts Received
1. _____		
2. _____		
3. _____		
4. _____		

**INCOME DECLARATION OF ALL OCCUPANTS IN THE HOME**

<b>SOURCE</b>	<b>Yes</b>	<b>No</b>	<b>Amount Per Month</b>	<b>Amount Per Year</b>
Wages from Employment				
Rental Income				
Interest from Savings				
Stock Dividends/Capital Gains				
One-time Unearned Income				
Alimony				
Child Support				
Unemployment Benefits				
Public Assistance: Payments				
Cash Payments				
Utility Payments				
Food Payments				
Social Security				
Social Security				
Disability Insurance				
Pension				
Armed Forces Retirement				
Other				

**TOTAL INCOME \$ \_\_\_\_\_**