



## City of Kalamazoo 2025 Application for Reduction in Property Taxes Documents Needed and Important Dates

*Please review the list below and the Guidelines and Instructions pages*

- 1) The fully completed and signed application form, which includes a complete listing of **all persons residing in this home**, showing their age, employment/disability status, and income.
- 2) If the property is not in your name currently due to an unrecorded land contract or otherwise, then provide proof of ownership.
- 3) Please review the required documentation to be included with the application. For statements from bank, retirement, annuity, cash value life insurance, brokerage, or other financial asset accounts held by you or any person residing in your household, please provide at least three (3) months (more is preferred) of information. **If you are unable to provide three months, please explain the reason for not providing additional months.**

- 4) Deadline dates for the hardship applications:

For the application to be heard at the March 2025 Board of Review:

The application must be received by **March 7, 2025.**

For the application to be heard at the July 2025 Board of Review:

The application must be received by **July 11, 2025.**

For the application to be heard at the December 2025 Board of Review:

The application must be received by **December 5, 2025.**

- 5) Deliver the application and all documents to:

**City of Kalamazoo  
City Assessor  
241 W South St  
Kalamazoo, MI 49007**

### **When will the application be considered?**

After you complete the application and furnish all required documentation, the City Assessor will determine if you meet the guidelines as established by the Kalamazoo City Commission. If so, then the application must go before the city's Board of Review for approval. This takes place only in March, July, or December. **PLEASE NOTE THE DEADLINES FOR SUBMITTING YOUR APPLICATION.** If your application is approved after a tax bill for the year has been issued, then that bill will be recalculated in the lowered amount.

An application for tax reduction is valid for the year you apply. You must reapply each year. **Beginning in 2024, the Board of Review can only approve a reduction for a prior year IF the prior year did not have an application filed or denied.**

Decisions of the March Board of Review may be appealed in writing to the Michigan Tax Tribunal by July 31 of the current year. July or December Board of Review denials may be appealed to Michigan Tax Tribunal within 35 days of the denial. A copy of the Board of Review decision must be included with the filing.

Michigan Tax Tribunal  
PO Box 30232  
Lansing, MI 48909

Phone: 517-373-3003  
E-mail: [taxtrib@michigan.gov](mailto:taxtrib@michigan.gov)  
Website: [www.michigan.gov/taxtrib](http://www.michigan.gov/taxtrib)



## **Guidelines and Instructions** **for a Poverty Exemption Application**

### **For 2025**

- If granted an exemption, it is for the current year only. The Poverty exemption is intended to be a temporary form of assistance. **Beginning in 2024, the Board of Review can only approve a reduction for a prior year IF the prior year did not have an application filed or denied.**
- Per, MCL 211.7u(3), the application for consideration must be received by the Assessor's Office at least one day prior to the last session of the Board of Review. Board of Review dates are posted annually and may also be found at [www.kalamazoo.org](http://www.kalamazoo.org) or by calling (269) 337-8636. This application can be submitted by mail, if received one day prior to the last session of the Board of Review.
- The application must be filled out in its entirety and all requested documentation must be attached. If an area does not apply to the applicant, "N/A" must be used. If the application is not complete or requested documentation is not included, the Board of Review will deny the exemption. All pages included with this application must be returned when the application is submitted for review.
- Per MCL 211.7u(7), a person who files a claim for Poverty exemption is not prohibited from also appealing the assessment on the property to the Board of Review in the same year.

### **Required Documentation to be Attached to Poverty Exemption Application**

- Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence must be included with the application including any property tax credit returns. The tax returns may be from the current or preceding tax year. If any person in the household is not required to file federal or state tax returns, the included affidavit, **form 4988, must be completed by each person that does not file taxes.**
- The most recent statement for all bank accounts, investments, IRAs, CDs, 401Ks, money market, annuities, etc. The statement submitted must be complete with no missing pages and submitted for all persons residing in the home.
- Proof of income and assets from the Social Security Administration, Veterans Administration, Medicare, Medicaid, Bridge Card, and any College or University scholarships for all persons residing in the home.
- The most recent mortgage statement of the primary residence under review, including any reverse mortgages.
- If primary residence being sought for exemption was purchased within the past two years of this application, homeowner's closing statements must be submitted with application.

### **Common Reasons for Denial of Poverty Exemption Application**

Below are common reasons (but not an exhaustive list) of why a claim for Poverty Exemption is denied:

- Failure to fill out all areas of the application, including "N/A" in areas not applicable to the applicant or signing the application.
- Failure to include State and Federal Income taxes or property tax credit returns for current or one preceding year for all persons residing in the home.
- Failure to file Form 4988 if a State and Federal income tax return is not required.
  - ***Please note that the property tax credit returns are required to be filed with this application. Property tax credit returns (such as Michigan 1040CR) can still be filed with the State of Michigan even if the applicant does not file income taxes.***
- Failure to include complete banking/investment account and mortgage statements for all persons residing in the home. All pages must be submitted.

## **INCOME GUIDELINES FOR POVERTY EXEMPTION**

*This amount published annually by the US Dept. of Health and Human Services*



### **City of Kalamazoo**

#### **2025 Income Levels for Property Tax Reduction Due to Hardship**

To qualify for a property tax Hardship Reduction, your income cannot be higher than the amount in the "Qualifying Income Level" column for the number of persons in your household. In addition, you must meet the other requirements.

| <b>Number of persons in household</b>      | <b>2025<br/>Federal<br/>Poverty<br/>Thresholds</b> | <b>Qualifying<br/>Income Level<br/>25% Above<br/>Federal Threshold<br/>per City Commission<br/>Policy</b> |
|--------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1 person                                   | \$15,060                                           | \$18,825                                                                                                  |
| 2 persons                                  | \$20,440                                           | \$25,550                                                                                                  |
| 3 persons                                  | \$25,820                                           | \$32,275                                                                                                  |
| 4 persons                                  | \$31,200                                           | \$39,000                                                                                                  |
| 5 persons                                  | \$36,580                                           | \$45,725                                                                                                  |
| 6 persons                                  | \$41,960                                           | \$52,450                                                                                                  |
| 7 persons                                  | \$47,340                                           | \$59,175                                                                                                  |
| 8 persons                                  | \$52,720                                           | \$65,900                                                                                                  |
| Increase for each additional person over 8 | \$5,380                                            | \$6,725                                                                                                   |

*This page and table will be updated annually to reflect the federal changes.*

#### **According to the US Census Bureau, "income" includes:**

- Money, wages, and salaries before any deductions
- Net receipts from non-farm self-employment. (These are receipts from a person's own business, professional enterprise, or partnership, after deductions for business expenses.)
- Net receipts from farm self-employment. (The same provisions as above for self-employment.)
- Regular payments from social security, railroad retirement, unemployment, worker's compensation, veteran's payments, and public assistance.
- Alimony, child support, and military family allotments.
- Private pensions, governmental pensions, and regular insurance or annuity payments.
- College or university scholarships, grants, fellowships, and assistantships.
- Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.



## **ASSET LEVEL GUIDELINES FOR POVERTY EXEMPTION**

*The asset level does not include the primary residence for which exemption is being sought. It does include, but is not limited to:*

- A second home, additional land not associated with the primary residence, or other buildings other than the primary residence being sought for exemption.
- Vehicles and other recreational vehicles such as motor homes, campers, ATVs, boats, and motorcycles.
- Jewelry, antiques, artwork, equipment, and other personal property of value.
- Bank accounts, stocks, bonds, and investments. This also includes the money received from the sale of stocks, bonds, investments, cars, and houses unless a person is in the specific business of selling such property.
- Withdrawals of bank accounts and borrowed money.
- Gifts, loans, lump-sum inheritances, and one-time insurance payments.
- Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms.
- Federal non-cash benefits programs such as Medicare, Medicaid, food stamps, and school lunches.
- The total interest income in all accounts (checking, savings, CDs, IRAs, 401Ks, money market, annuities, etc.)
- The applicant shall not have ownership interest in any real estate other than the primary residence being considered for exemption.

Maximum total allowed assets, including amounts in banking and investment accounts may not exceed the amount of the federal poverty guideline for the number of persons in the household. See above for what is considered an asset.

## Application 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 the property is located in each year on or after January 1.

**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.

|                                                                                                                                                                                                   |                  |                 |                                         |                                             |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|-----------------------------------------|---------------------------------------------|----------------------|
| <b>PART 1: PERSONAL INFORMATION</b> — 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             |
| <input type="checkbox"/> Check if applied for Homestead Property Tax Credit                                                                                                                       |                  |                 | Amount of Homestead Property Tax Credit |                                             |                      |
| <b>PART 2: REAL ESTATE INFORMATION</b>                                                                                                                                                            |                  |                 |                                         |                                             |                      |
| 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 Code Number                                                                                                                                                                       |                  |                 | Name of Mortgage Company                |                                             |                      |
| Unpaid Balance Owed on Principal Residence                                                                                                                                                        |                  | Monthly Payment |                                         | Length of Time at this Residence            |                      |
| Property Description                                                                                                                                                                              |                  |                 |                                         |                                             |                      |
| <b>PART 3: ADDITIONAL PROPERTY INFORMATION</b>                                                                                                                                                    |                  |                 |                                         |                                             |                      |
| 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 4: EMPLOYMENT INFORMATION** — List your current employment information.

|                     |                           |       |          |
|---------------------|---------------------------|-------|----------|
| Name of Employer    |                           |       |          |
| Address of Employer | City                      | State | ZIP Code |
| Contact Person      | Employer Telephone Number |       |          |

**PART 5: 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<br>(indicate which) |
|------------------|----------------------------------------------|
|                  |                                              |
|                  |                                              |
|                  |                                              |

**PART 6: 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<br>or Investments | Amount<br>on Deposit | Current<br>Interest Rate | Name on Account | Value of<br>Investment |
|-------------------------------------------------|----------------------|--------------------------|-----------------|------------------------|
|                                                 |                      |                          |                 |                        |
|                                                 |                      |                          |                 |                        |
|                                                 |                      |                          |                 |                        |

**PART 7: LIFE INSURANCE** — List all policies held by all household members.

| Name of Insured | Amount of<br>Policy | Monthly<br>Payments | Policy Paid in<br>Full | Name of Beneficiary | Relationship to<br>Insured |
|-----------------|---------------------|---------------------|------------------------|---------------------|----------------------------|
|                 |                     |                     |                        |                     |                            |
|                 |                     |                     |                        |                     |                            |
|                 |                     |                     |                        |                     |                            |

**PART 8: 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 9: 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 10: PERSONAL DEBT** — List all personal debt for all household members.

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

**PART 11: 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 11: 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 12: 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 35 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  
E-mail: [taxtrib@michigan.gov](mailto: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.

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

## 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.

|                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                         |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------|----------|
| <b>PART 1: OWNER INFORMATION</b> — Enter information for the person owning and occupying the residence.                                                                                                                                                                                                                                                                                 |      |                                                         |          |
| Owner Name                                                                                                                                                                                                                                                                                                                                                                              |      | Owner Telephone Number                                  |          |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                         | City | State                                                   | ZIP Code |
| <b>PART 2: LEGAL DESIGNEE INFORMATION</b> (Complete if applicable.)                                                                                                                                                                                                                                                                                                                     |      |                                                         |          |
| Legal Designee Name                                                                                                                                                                                                                                                                                                                                                                     |      | Daytime Telephone Number                                |          |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                         | City | State                                                   | ZIP Code |
| <b>PART 3: HOMESTEAD PROPERTY INFORMATION</b> — Enter information for property in which the exemption is being claimed.                                                                                                                                                                                                                                                                 |      |                                                         |          |
| City or Township (check the appropriate box and enter name)<br><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 |
| <b>PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS</b> (Check all boxes that apply.)                                                                                                                                                                                                                                                                                     |      |                                                         |          |
| <input type="checkbox"/> I own the property in which the exemption is being claimed.                                                                                                                                                                                                                                                                                                    |      |                                                         |          |
| <input type="checkbox"/> 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.                                                                                                                                                                        |      |                                                         |          |
| <input type="checkbox"/> 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. |      |                                                         |          |
| <b>PART 5: CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                            |      |                                                         |          |
| 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                                                    |          |
| <b>Designee must attach a letter of authority.</b>                                                                                                                                                                                                                                                                                                                                      |      |                                                         |          |
| <b>LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)</b>                                                                                                                                                                                                                                                                                                                         |      |                                                         |          |
| <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        |          |
| <b>CERTIFICATION</b> — 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                              |          |