

Application to the City of Sylvan Lake Board of Review for Revision of Property Assessment

Tax I.D. Number (on tax bill) _____ Tax Year _____
Appealing _____

Name: _____ Phone: _____

Property Address: _____

BOARD OF REVIEW DECISIONS ARE IN EFFECT FOR **ONE YEAR ONLY**. IF YOU ARE NOT SATISFIED WITH THE DECISION OF THE BOARD OF REVIEW YOU HAVE THE RIGHT TO APPEAL TO THE MICHIGAN TAX TRIBUNAL, P.O. BOX 30232, LANSING, MI 48909. A LETTER OF REQUEST FOR PETITIONS MUST BE IN THE TAX TRIBUNAL OFFICE ON, OR PRIOR TO, JUNE 30TH.

**FILL IN THE FOLLOWING IF YOU ARE APPLYING FOR A REVISION OF
PROPERTY ASSESSMENT *DUE TO A HARDSHIP OR INABILITY TO PAY:***

Monthly Income: Social Security _____ Veterans Administration _____

Private Pension or Annuity _____ Employment _____ Family Aid _____

Interest and Dividends _____ Other _____ Savings Account _____

Stocks _____ Bonds _____ Other Real Estate _____

Is there a Mortgage on your Property? _____ Amount _____ Payment _____

Automobile: Year _____ Make _____ Payment _____

Number of persons living in home _____ Relationship _____

INCLUDE COPY OF W-2 FORM AND FEDERAL AND STATE INCOME TAX RETURNS

**FILL IN THE FOLLOWING ONLY IF YOU ARE APPLYING FOR A REVISION OF
PROPERTY ASSESSMENT ON THE BASIS THAT YOUR PROPERTY IS
*INCORRECTLY ASSESSED:***

Property Purchased From: _____ Relationship: _____

Date Property was Purchased: _____ Purchase Price: _____

Terms of Purchase: Land Contract _____ Cash _____ Mortgage _____

REASON FOR PROTEST: _____

Do you have data or comparative sales to support this? Use reverse side if necessary.

Petitioner Information

Name: _____ Date of Birth: _____

Phone Number (Daytime): _____ Evening: _____

of persons in household: _____ # of persons contributing to household income: _____

Property Address for which relief is being sought: _____ Marital Status: No. of years: _____

- Married _____
- Divorced _____
- Widowed _____
- Separated _____
- Single _____

Petitioner Employment Status:
 Employed Full Time
 Employed Part Time
 Retired — No. of Years _____
 Unemployed — No. of Years _____
 Laid off — No. of Years _____
 Other

Spouse Employment Status:
 Employed Full Time
 Employed Part Time
 Retired — No. of Years _____
 Unemployed — No. of Years _____
 Laid off — No. of Years _____
 Other

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Telephone _____

Telephone: _____

Describe any unique situation you may want the board to consider:

ASSETS

Do you Own your home? Yes _____ No _____

If yes, what is the balance owed? \$ _____

What is the market value of your home? \$ _____

How long have you lived in the home? _____

Do you own any other real estate? Yes _____ No _____

If yes, what is the market value? \$ _____ What is the balance owed? \$ _____

List below the year, make, model, and balance owed on all vehicles owned by members of the household (If no vehicles owned, check here _____):

Year _____ Make _____ Model _____ Balance: \$ _____

Year _____ Make _____ Model _____ Balance: \$ _____

Year _____ Make _____ Model _____ Balance: \$ _____

Year _____ Make _____ Model _____ Balance: \$ _____

Does any member of the household own any recreational vehicles (for example: boats, motor homes, snowmobiles, jet skis, campers, ATVs, etc)? Yes _____ No _____

If so, describe the type of each vehicle, and list the year, make, and balance owed below:

Description _____ Year _____ Make _____ Balance: \$ _____

Description _____ Year _____ Make _____ Balance: \$ _____

Indicate balances on items listed below (combined totals for all members of the household):

All Checking Accounts: \$ _____ All Savings Accounts: \$ _____

All Stocks: \$ _____ All Bonds: \$ _____

All Mutual Funds: \$ _____ All 401K Accounts \$ _____

Land Contracts or All Certificates of

Mortgages Receivable: \$ _____ Deposit: \$ _____

List and describe the value of all other *significant* assets of members of the household not identified above (attach a separate sheet if necessary): _____

Mortgage Information

A. Purchase Date: _____ Price: _____

B. Mortgage/Land Contract Balance: _____

C. Monthly Payment: _____ Does this payment include taxes? ()yes ()no

D. Number of years remaining on the mortgage/land contract: _____

E. Are your Property Taxes paid? ()yes ()no

F. Did you apply for a poverty exemption last year? ()yes ()no

G. Do you have ownership interest in any other real estate in Michigan or elsewhere ?

If yes, Please list:

Location: _____

Tax Id Number: _____

Purchase Date: _____ Purchase Price: _____

(please attach separate sheet if necessary)

H. Are you and/or your spouse the sole owners of the subject property? ()yes ()no

If no, please list all owners and their percentage of ownership:

I. Have any improvements, changes or additions been made to the property in the last two (2) Years? ()yes ()no **If yes, please explain:** _____

J. Do you anticipate selling the homestead property for which relief is sought in the next year? ()yes ()no Explain: _____

Do you anticipate any major changes in income for the coming year? ()yes ()no

Average Monthly Expense and Income Information

Expense	Amount	Income	Amount
House Payment	\$	Wages, Salaries, etc.	\$
Life Insurance	\$	Interest, Dividend	\$
Health Insurance	\$	Net Rent, Royalty Income	\$
Home Insurance	\$	Retirement Pension	\$
Taxes (Homestead Only)	\$	Net Farm Income	\$
Car Payment	\$	Alimony and other income	
Social Security	\$	Child Support	\$
Special Assessment	\$	Unemployment Benefits	\$

Expense	Amount	Income	Amount
Gas/Oil	\$	Workers Compensation	\$
Electricity	\$	Disability Income	\$
Telephone	\$	ADC and GA Benefits	\$
Water/Sewer	\$	Child Care	\$
Medical	\$	All other public assistance	\$
Food/Clothing	\$		\$
Other Loans	\$	Other Income	\$
Lawn Care	\$		\$

Cable	\$		\$
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Other (Boat Slip, RVA Space)	\$		\$
Total	\$	Total	\$

Verification of expenses and income sources may be required

Do you have any major or unusual expenses? ()yes ()no

If yes, please explain:

What was the total income from all sources of everyone living in your household for the past two (2) years?

Last Year: _____ Prior Year: _____

I understand that misleading or false statements on this application may subject me to penalties. I the undersigned agree this information is true and correct.

Signature Date

CITY OF SYLVAN LAKE : POVERTY CHECKLIST

_____ APPLICATION

_____ OWNERSHIP AND OCCUPANCY VERIFICATION. (deed, land contract, etc.. / drivers license utility bill)

_____ ALL OCCUPANTS MUST PROVIDE:

_____ FEDERAL INCOME TAX RETURN (1040, 1040A, 1040EZ).

_____ MICHIGAN INCOME TAX FORM (MI-1040, MI-1040A, MI-1040EZ).

_____ SENIOR CITIZEN HOMESTEAD PROPERTY TAX CLAIM (MI-1040 CR-1).

_____ GENERAL HOMESTEAD PROPERTY TAX CLAIM (MI-1040CR-4).

_____ ADC ANNUAL BUDGET LETTER.

_____ BENEFIT STATEMENT (PENSION, RETIREMENT,, SOCIAL SECURITY)

_____ CANNOT OWN SALEABLE PROPERTY (ANYWHERE) OTHER THAN THEIR OWN HOME.

_____ ASSETS MUST BE UNDER \$25,000 (EXCLUDING HOMESTEAD).

_____ APPLICANT MEETS INCOME LIMITATION GUIDELINE (CITY OF SYLVAN LAKE).