



GRANT TREE REMOVAL PROGRAM APPLICATION (INCOME-BASED)

Please answer ALL questions in blue or black ink.

Name: _____

Address: _____

Phone # _____ Alternate # _____

Best Time To Call: Morning: _____ Afternoon: _____ Evening: _____

Address / Location where tree is to be removed: _____

Precise location where the tree is located on the property: _____

ACKNOWLEDGEMENT

I acknowledge that the funding towards this project may not allow for full tree removal (stump, trunk, branches, etc). However, in the event that full removal is not possible, I understand that the funding will be used to remove the immediate safety concern of said tree. The contractor will remove all wood debris that it cuts or that has already fallen, associated with this project.

Signature _____ Date _____

FOR OFFICE USE ONLY:	
Drivers License#	
Fee Amount:	
Fee Received By:	Approval By:
Check # / M.O:	
Application Reviewed:	Approval Date:
Final Inspection Date:	
	Assigned Contractor:
	Date Completed:

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To be considered for a hardship exemption, **the following steps must be followed:**

1. The Petitioner must complete this application in full, including signatures on the last page. Return the application and required income documents to the Assessing Department.
2. Per City of Flint Resolution, **you must attach signed copies of the following for all**

persons living in the household:

- 2024 FEDERAL INCOME TAX RETURN (1040) **OR**
- 2024 W 2's & 1099's. **OR**
- 2024 MICHIGAN INCOME TAX RETURN (MI-1040) **OR**
- 2024 SOCIAL SECURITY BENEFIT STATEMENT (SSA-1099)
- 2024 HOMESTEAD PROPERTY TAX CREDIT FORM (MI-1040CR)
- YEAR END STATEMENTS FOR ASSET INFORMATION (*See page 3 for additional info*)
- **IF YOU'RE CLAIMING NO INCOME, YOU MUST SUBMIT A DETAILED & NOTARIZED LETTER EXPLAINING HOW EXPENSES ARE BEING MET.**
- **IF BILLS ARE PAID BY FRIEND/FAMILY MEMBER OR YOU RECEIVED MONEY FROM A FRIEND OR FAMILY MEMBER, YOU MUST PROVIDE A SIGNED AND NOTARIZED LETTER FROM THAT PERSON(S) STATING HOW MUCH FINANCIAL SUPPORT THEY GIVE**

3. Any form of government ID with address and picture of the homeowner and all residents over the age of 18.
4. Be able to produce a deed, land contract, or other evidence of ownership of the property for which the exemption is being requested, **if not in Assessor's records;**
5. Meet the federal poverty income guidelines for the household (see page 2), which are updated annually in the federal register by the United States Department of Health and Human Services; and
6. Meet the claimant and total household **asset levels** set by the Flint City Council.

If your application does not include copies of the above documents, it will be considered incomplete and therefore ineligible for a Hardship Exemption

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Hardship Exemption as defined by the Michigan Compiled Laws is as follows: Section 211.7u: The principal residence of persons who, in the judgment of the supervisor 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. Please be aware that as an applicant for Hardship Exemption, you must also comply with the following sections of the Michigan Compiled Laws: Section 211.116 Perjury: Any person who, under any of the proceedings required or permitted by this act, shall

willfully swear falsely, will be guilty of perjury and subject to its penalties.

If you have any questions, feel free to contact the Assessing Department at 810-766-7255

INCOME & ASSET GUIDELINES FOR HARDSHIP EXEMPTIONS

If your income exceeds the amount shown **or** your asset exceeds \$15,000 you are **NOT** eligible for a Hardship Exemption.

The applicant **shall not** be eligible for consideration if their total household income exceeds 200% of the Federal Poverty Guidelines. For 2025, the limits are:

Family Unit:	Federal Poverty Guidelines For 2024:	Adjusted Annual Household Income Can Not Exceed: For 2024:
Family unit of 1 member	\$15,060	\$30,120
Family unit of 2 members	\$20,440	\$40,880
Family unit of 3 members	\$25,820	\$51,640
Family unit of 4 members	\$31,200	\$62,400
Family unit of 5 members	\$36,580	\$73,160
Family unit of 6 members	\$41,960	\$83,920
Family unit of 7 members	\$47,340	\$94,680
Family unit of 8 members	\$52,720	\$105,440
Each family member greater than 8 years of age	\$5,380	\$10,760

When determining any poverty exemption, all assets of the family unit, as well as all available sources of income or funds shall be considered.

Asset Eligibility

Applicants can have **no more than \$15,000 in assets** to be eligible. Assets do not include the homestead or one (1) automobile. Assets do include: stocks, bonds, mutual funds, insurance policies, coin collections, boats, ORVs, motorcycles, recreational vehicles, second homes or sellable property, retirement accounts, jewelry, etc.

GRANT TREE REMOVAL PROGRAM APPLICATION (INCOME-BASED)

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.

PART 1: PERSONAL INFORMATION — 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		
PART 2: REAL ESTATE INFORMATION				
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				
PART 3: ADDITIONAL PROPERTY INFORMATION				
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

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

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

Name of Insured	Amount of Policy	Monthly Payments	Policy Paid in Full	Name of Beneficiary	Relationship to 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

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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
Do Not Use	Do Not Use	Do Not Use	Do Not Use	Do Not Use

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 Cable Garbage	Electric	Water	Phone
Other (type and amount)	Food	Clothing	Health Insurance
Other (type and amount)	Daycare Other (type and amount) Other (type and amount)	Car Expense (gas, repair, etc.) Other (type and amount) Other (type and amount)	

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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
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GRANT TREE REMOVAL PROGRAM APPLICATION (INCOME-BASED)

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.

PART 1: OWNER INFORMATION — Enter information for the person owning and occupying the residence.			
Owner Name		Owner Telephone Number	
Mailing Address		City	State ZIP Code
PART 2: LEGAL DESIGNEE INFORMATION (Complete if applicable.)			
Legal Designee Name		Daytime Telephone Number	
Mailing Address		City	State ZIP Code
PART 3: HOMESTEAD PROPERTY INFORMATION — Enter information for property in which the exemption is being claimed.			
City or Township (check the appropriate box and enter name) <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
PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (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. After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or <input type="checkbox"/> 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.			
PART 5: CERTIFICATION			
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
Designee must attach a letter of authority.			
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Attach appeal instructions & provide to the owner.)		Tax Year(s) exemption will be posted to tax roll	
CERTIFICATION — 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	