

Tax Exemption Affidavit

Completion of this form is required to receive reimbursement for property taxes pursuant to MCL 211.7d.

When all three sections of this form are complete,

SEND TO:
Finance and Accounting Division
Michigan Department of Treasury
430 W. Allegan St.
Lansing, MI 48922
Phone: (517) 373-3165
FAX: (517) 335-0997

APPLICANT: Complete this section. Retain pink copy.			
Name of Exempt Facility		Name of Corporation/Association	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Please mark appropriate box: <input type="checkbox"/> Elderly Housing <input type="checkbox"/> Disabled Housing			
I certify that the above named facility was qualified, built or financed under Section 202 or 236 of the National Housing Act of 1959, as amended, or section 811 of subtitle B of title VIII of the Cranston-Gonzalez National Affordable Housing Act. I further certify that the above named facility was SOLELY occupied by elderly persons 62 years of age or older or by disabled persons, qualified under the respective act, as of December 31 immediately preceding the tax year. I certify that the facility is owned and operated by the above named non-profit corporation or association and is not otherwise tax exempt from general ad valorem taxes. As agent for the above named facility, I claim exemption from all real and personal property taxes pursuant to Section 211.7d of the Michigan Compiled Laws.			
Signature of Agent		Date	Phone
Print or Type Name		Title	
ASSESSOR: Complete this section.			
The assessment for the above named facility, which consists of a minimum of eight residential units, essential contiguous land and related facilities, and the personal property of the facility, is as follows.			
REAL PROPERTY		PERSONAL PROPERTY	
Parcel Number	Taxable Value	Parcel Number	Taxable Value
I certify that the above assessments are accurate and that they were taken from the tax roll after final approval by the board of review. I further certify that the above assessments include no land that is not being currently used for the benefit of the facility.			
Signature of Assessor		Date	Phone
Print or Type Name		City/Village/Township/County	
TREASURER: Complete this section. Send original with tax statement(s) to above address. Retain yellow copy.			
I certify only legally allocated and voted taxes are included on the attached tax statement(s). The requested amount DOES NOT include special assessments, penalties, interest, administrative, or any other fees. Pursuant to Section 211.7d of the Michigan Compiled Laws, I claim reimbursement from the State of Michigan for the amount on the attached statement(s), the total amount being:			
PLEASE ENTER AMOUNT HERE		\$	
Signature of Treasurer		Date	Phone
Print or Type Name		City/Village/Township/County	
<input type="checkbox"/> Summer <input type="checkbox"/> Winter		Tax Year	Due Date of Tax Bill

Instructions for Form 2252, Tax Exemption Affidavit (TEA)

APPLICANT/FACILITY

1. Completes the top portion of the Tax Exemption Affidavit (TEA) form, certifying that the facility continues to qualify for property tax exemption.
2. Retains the pink copy of the form.
3. Forwards the white and yellow copies of the TEA to the local assessor.

ASSESSOR

1. Enters the property code number(s) and taxable value for the real and personal property of the facility.
2. Reads and signs the middle portion of the form, certifying the parcel numbers and assessments of the facility and its personal property.
3. Forwards the TEA to the local treasurer.

TREASURER

1. Enters the total amount of taxes due for the facility, EXCLUDING administrative or other fees, special assessments, penalties, interest, etc., which are NOT paid by the State.
2. Enters the due date of the tax bill i.e., the FINAL DATE taxes can be paid without penalty or interest.
3. Checks the appropriate box for summer or winter taxes and enters the applicable tax year.
4. Reads and signs the bottom portion of the form, certifying the legality of the taxes submitted.
5. Retains the yellow copy of the TEA.
6. Mails the completed TEA and the corresponding property tax bills to:
Michigan Department of Treasury, Finance and Accounting Division
430 W. Allegan Street, Lansing, MI 48922.

NOTE: A SEPARATE TAX EXEMPTION AFFIDAVIT MUST ACCOMPANY EACH SUMMER AND WINTER TAX BILL SUBMITTED FOR PAYMENT.

For more information, visit www.michigan.gov/treasury and search "Senior Citizen or Disabled".