Michigan Department of Treasury
4632 (04-11)

Principal Residence Exemption (PRE) Audit Questionnaire

Issued under the authority of Public Act 206 of 1893

INSTRUCTIONS: Information requested relates to the property listed in Part 1. Return the completed form and necessary documentation to: **PRE Audit Center, 869 S. Old US-23, Suite 100, Brighton, MI 48114.**

PART 1: PROPERTY INFORMATION

Street Address: County:

City, State, ZIP Code: Parcel ID:

PART 2: OWNERSHIP INFORMATION -

The property in Part 1 was/is owned by: choose those that apply (company, trust, individual and/or other). Complete the corresponding information, and attach a copy of the deed, land contract, trust, life estate or other ownership document.

☐ **Company**	Company's Legal Name	Date Purchased by Company (mm/dd/yy)
☐ **Trust****	Name of Trust	Date Purchased by Trust (mm/dd/yy)

Trust Type: ☐ Qualified Personal Residence ☐ Revocable ☐ Irrevocable

********Each grantor (creator) must complete the "Individual" section. If the grantor(s) of the trust is deceased, the trustee or all of the beneficiaries must complete this section and provide a copy of the grantor's death certificate. Indicate by each name whether he/she is a grantor or beneficiary.*

☐ **Individual** If there are additional owners of this property, please provide requested information on the reverse side of this form.

Owner's First Name	Owner's Last Name	Driver's License Number	Telephone Number
Do you currently live at the property listed in Part 1? ☐ Yes ☐ No	If no, provide current address.	Have you ever lived at the property listed in Part 1? ☐ Yes ☐ No	Provide dates you occupied the property listed in Part 1 (mm/dd/yy). From: To:
Do you own other property in Michigan or another state that currently receives a PRE? ☐ Yes ☐ No	If yes, provide the address of the property receiving a PRE.	Spouse's Full Name (first and last)	Date owner purchased the property listed in Part 1 (mm/dd/yy).
Second Owner's First Name	Second Owner's Last Name	Driver's License Number	Telephone Number
Do you currently live at the property listed in Part 1? ☐ Yes ☐ No	If no, provide current address.	Have you ever lived at the property listed in Part 1? ☐ Yes ☐ No	Provide dates you occupied the property listed in Part 1 (mm/dd/yy). From: To:
Do you own other property in Michigan or another state that currently receives a PRE? ☐ Yes ☐ No	If yes, provide the address of the property receiving a PRE.	Spouse's Full Name (first and last)	Date owner purchased the property listed in Part 1 (mm/dd/yy).

☐ **Other**	Explain (example - land contract holder, life lease, renter): If more space is needed, please use reverse side of form.

If you no longer own this property, provide the following information and complete Part 2 above and Part 3 below:

Name of Purchaser	Telephone Number (if known)	Date of Sale (mm/dd/yy)	Sale Price

PART 3: ALTERNATIVE USE OF THE PROPERTY

Indicate the portion of the property rented or used for business purposes. _____**%** Rental _____**%** Business	Is the property located next to (contiguous or adjacent) the owner's principal residence? ☐ Yes ☐ No	If the property is next to (contiguous or adjacent) the owner's principal residence, is the property vacant (no structures)? ☐ Yes ☐ No
For contiguous or adjacent properties with structures, describe the type of structures(s) (e.g., garage, shed, cabin, house, mobile home) and the use of the property. (Use reverse side of form if necessary.)	Did you previously claim an agricultural exemption on this property? If yes, you must attach a copy of the *Claim for Farmland Exemption* (Form 2599), date-stamped by the assessor. ☐ Yes ☐ No	Did you file a *Conditional Rescission of PRE* (Form 4640) on this property? If yes, you must attach a copy, date-stamped by the assessor, of each Form 4640 you filed for this property, including the annual verifications. ☐ Yes ☐ No

Important Reminder: A copy of the deed, land contract, life estate, trust, or other proof of ownership is required. A date-stamped *PRE Affidavit* (Form 2368) must be provided. Each owner must provide relevant information requested in Part 2. If you filed a *Claim for Farmland Exemption* (Form 2599), a *Conditional Rescission of PRE* (Form 4640), or a *PRE Active Duty Military Affidavit* (Form 4660) with the local assessor, provide a copy date-stamped by the assessor with this completed questionnaire.