Michigan Department of Treasury
4632 (01-09)

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 - Attach a copy of the deed, land contract or life estate.

The property in Part 1 is owned by: choose one entity (company, trust, individual, OR other) and complete corresponding information.

☐ **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 grantors of the trust are deceased, each beneficiary 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 as well as completing Part 2 above:

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

PART 3: ALTERNATIVE USE OF THE PROPERTY

Complete this portion if the property is used for business purposes, is vacant or Qualified Agricultural.

Is any portion of the property in Part 1 used for business purposes or rented? ☐ Yes ☐ No	If yes, provide the percentage of business or rental use. _____**%** Business _____**%** Rental
Is the property listed in Part 1 vacant (no dwelling)? ☐ Yes ☐ No	If no, is the dwelling a pole barn or garage? ☐ Yes ☐ No
Is property located next to an owner's home? ☐ Yes ☐ No	Is the property being farmed and considered Qualified Agricultural? If yes, attach a copy of *the Claim for Farmland Exemption from Some School Operating Taxes* (Form 2599) which you filed with the local assessor. ☐ Yes ☐ No

Important Reminder: A copy of the deed, land contract, life estate, or other proof of ownership is required. Each owner must provide relevant information requested in Part 2. If you filed a Conditional Rescission of PRE (Form 4640) or a PRE Active Duty Military Affidavit (Form 4660) with the local assessor, provide a copy with this completed questionnaire.