

# Request for New Senior Citizen and/or Disabled Housing Tax Exemption

Issued under authority of Michigan Compiled Law (MCL) 211.7d.

**INSTRUCTIONS:** Senior citizen and/or disabled housing facility owner/applicants (with 8 or more residential units, see MCL 211.7d) should complete this form, filing no later than December 31. **Once the Applicant section is completed, send this form with attachments/documentation to your Local Taxing Unit Assessor. All signatures must be completed by December 31 within year of requested exemption.**

<b>APPLICANT:</b> Complete this section.			
Facility Name		Owner/Corporation Name	
Facility Street Address		Facility Telephone Number	
City, State, ZIP Code		Facility is: <input type="checkbox"/> Elderly Housing <input type="checkbox"/> Disabled Housing	
Documentation for Proof of Ownership: <b>Attach copy.</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Other _____			
Type of HUD Financing: <b>Attach copy.</b> <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 811 <input type="checkbox"/> Other _____			
Documentation for Proof of HUD Financing: <b>Attach copy.</b> <input type="checkbox"/> Copy of Mortgage <input type="checkbox"/> HUD Fund Letter <input type="checkbox"/> Other _____			
Number of Buildings	Number of Units	Attach Certificate of Occupancy. Document Date:	Date First Resident Moved In. Provide documentation.
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 of the current calendar year. I certify that the facility is owned and operated by the above named non-profit corporation or association or limited dividend housing corporation (and is eligible for inclusion of reimbursement under MCL 211.7d). As agent for the above named facility, I claim exemption from all real and personal property taxes pursuant to Section 211.7d of the MCL.			
Signature of Agent (Form Completed By)		Date	Telephone Number
Print or Type Name		Title	
<b>ASSESSOR:</b> 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. Provide parcel information if available.			
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. I further certify that the above assessments include no land that is not being currently used for the benefit of the facility. I certify that the facility is owned and operated by the above named non-profit corporation or association or limited dividend housing corporation (and is not otherwise tax exempt from general ad valorem taxes and is eligible for inclusion of reimbursement under MCL 211.7d).			
This Exemption is: <input type="checkbox"/> Approved, dated _____ <input type="checkbox"/> Disapproved, dated _____, Reason: _____			
Signature of Assessor		Date	Telephone Number
Print or Type Name		City/Village/Township/County	
Payee Information: Local Unit Name, Address, FEIN, and Contact Person			

**Assessor:** Approval or Denial Letter should be sent to Owner and Treasury.

Send completed form and attachments/documentation to:  
Michigan Department of Treasury  
Finance and Accounting Division  
430 W. Allegan  
Lansing, MI 48922  
Telephone Number: (517) 373-3165  
Fax Number: (517) 335-0997

For more information and  
eligibility requirements, visit  
**www.michigan.gov/treasury** and  
search "State Payment of Property Taxes  
for Senior Citizen and Disabled Housing."