

Supportive Housing Exemption Affidavit

Issued under authority of Public Act 206 of 1893, Section 7nn.

Submit this affidavit, along with a copy of the Michigan State Housing Development Authority Affidavit of Supportive Housing Certification to the local assessor by November 1. Once approved, Certified Supportive Housing Property will be exempt from operating tax levied by the local school district beginning the year following approval of the exemption and extending until December 31 of the year in which the property is no longer supportive housing.

Print or type in blue or black ink. Use a separate form for each property number.

PROPERTY INFORMATION		
1. County	2. Local Parcel Number	
3. Name of Township or City <input type="checkbox"/> Township <input type="checkbox"/> City	4. Property Address	
5. Date the property identified above became Certified as Supportive Housing <div style="text-align: right; margin-right: 50px;">____ Month ____ Day ____ Year</div>		
6. Supportive Housing Owner Name	7. Representative Name	8. Representative Phone Number
9. Supportive Housing Owner SS or Federal ID No.	10. Project ID	11. Unit ID
CERTIFICATION		
<i>As representative for above property, I certify, under the penalty of perjury, that the above property is owned and occupied as a supportive housing property, as defined by Chapter 3B of the State Housing Development Authority Act of 1966, PA 346; MCL 125.1459 to 125.1459B. I agree that I shall rescind this claim of exemption by filing a prescribed form with the local assessor within 90 days when the property is no longer a supportive housing property.</i>		
12. Owner's Signature		13. Date
14. Owner's Mailing Address, if Different than Property Address Above		
<p>Subscribed and sworn before me this _____ day of _____, 20 ____.</p> <p style="text-align: right;">_____ , Notary Public</p> <p>State of Michigan, County of _____</p> <p>My Commission Expires: _____</p> <p>Acting in the County of _____</p>		
LOCAL GOVERNMENT USE ONLY (do not write below this line)		
<i>I approve the Supportive Housing Exemption for this property.</i>		
15. Local Tax Collecting Unit Assessor's Name	16. Local Tax Collecting Agency	
17. Assessor's Signature	18. Phone Number	19. Date

After completion, the local government shall forward a copy of this signed affidavit to the Michigan Department of Treasury, Property Services Division, P.O. Box 30760, Lansing, MI 48909.