

Part 1 of this form must be completed and submitted by October 31. Part 2 of this form must be completed by December 31

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 October 31. **Once the Applicant section is completed, send this form with attachments/documentation to your Local Taxing Unit Assessor and Department of Treasury by October 31. Assessor signature denoting approval or denial must be completed and submitted to Department of Treasury by December 31.**

PART 1: APPLICANT INFORMATION			
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: Attach copy. <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Other _____			
Type of HUD Financing: Attach copy. <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 811 <input type="checkbox"/> Other _____			
Documentation for Proof of HUD Financing: Attach copy. <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 is or will be SOLELY occupied by elderly persons 62 years of age or older or by disabled persons, qualified under the respective act, by 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	
PART 2: ASSESSOR			
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 taxable values are accurate and represent the full taxable value for the facility as fully and finally completed (no construction in progress). I further certify that the above values do not include 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:

For U.S. Postal Mail
Michigan Department of Treasury
Office of Accounting Services
P.O. Box 30722
Lansing, MI 48909
Telephone Number: 517-335-7483
Fax Number: 517-335-0997

For Courier/Overnight Delivery
Michigan Department of Treasury
Office of Accounting Services
7285 Parsons Dr.
Dimondale, MI 48921

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