

## 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. If you no longer own this property the questionnaire still needs to be completed with YOUR information. Return this completed form, proof of ownership and occupancy and a date-stamped copy of any PRE Affidavits (Form 2368) to: **PRE Audit Center, 869 S. Old US-23, Suite 100, Brighton, MI 48114. Phone: 888-909-2799**

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: <b>choose ALL that apply.</b>			
◇ A complete copy of the deed, land contract, trust, life estate or other proof of ownership is required ◇			
<input type="checkbox"/> <b>Company</b>	Company's Legal Name	Company Contact Name and Telephone Number	Date Purchased by Company (mm/dd/yy)
<input type="checkbox"/> <b>Trust**</b>	Name of Trust		Date Purchased by Trust (mm/dd/yy)
Trust Type: <input type="checkbox"/> Qualified Personal Residence <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			
<b>**Each grantor (creator) of Trust must complete the "Individual" section below. 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.</b>			
<input type="checkbox"/> <b>Individual</b>	<b>If there are additional owners of this property or if additional space is needed, please use reverse side of this form.</b>		
<b>OWNER</b> - First Name/Middle	Last Name	Driver's License Number/State ID	Telephone Number
Do you currently live at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide current address.	Have you ever lived at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide property address(es).	Spouse's Full Name (first and last)	Date owner purchased the property listed in Part 1 (mm/dd/yy).
<b>CO-OWNER</b> - First Name/Middle	Last Name	Driver's License Number/State ID	Telephone Number
Do you currently live at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide current address.	Have you ever lived at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide property address(es).	Spouse's Full Name (first and last)	Date owner purchased the property listed in Part 1 (mm/dd/yy).
<input type="checkbox"/> <b>Other</b>	Explain (example - land contract holder, life lease, renter). If more space is needed, please use reverse side of this form.		
<b>If you no longer own this property, ALL sections of the questionnaire still need to be completed with YOUR information and provide the following :</b>			
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 (if applicable).  _____ % Rental    _____ % Business		Is the property in Part #1 located next to (contiguous or adjacent) the owner's principal residence?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES (contiguous or adjacent) describe type of structure(s), if any, and use of property?
Did you previously claim an agricultural exemption on this property? If yes, you must attach a copy of the <i>Claim for Farmland Exemption</i> (Form 2599) filed with the assessor.  <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you file a <i>PRE Active Duty Military Affidavit</i> (Form 4660) on this property? If yes, you must attach a copy of Form 4660 filed with the assessor.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you file a <i>Conditional Rescission of PRE</i> (Form 4640) on this property? If yes, you must attach a copy, date-stamped by the assessor, of each Form 4640 filed for this property, including the annual verifications.  <input type="checkbox"/> Yes <input type="checkbox"/> No