

Payment in Lieu of Taxes for Senior Citizen and/or Disabled Housing

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

INSTRUCTIONS: Completion of this form is required for the first year of reimbursement for property taxes pursuant to MCL 211.7d. City/Village/Township/County Treasurer's must file this form with the Michigan Department of Treasury. **This form is NOT required to be submitted annually.**

TREASURER: Complete this section.			
Facility Name		Owner/Corporation Name	
Facility Street Address		Owner/Corporation Street Address	
City, State, ZIP Code		City, State, ZIP Code	
Facility is:		TAX YEAR:	
<input type="checkbox"/> Elderly Housing <input type="checkbox"/> Disabled Housing			
I certify only legally allocated and voted taxes are included on the attached tax statement(s). The requested amount does not include school operating, hold harmless, or state education tax, special assessments, penalties, interest, administrative, or any other fees. Pursuant to MCL 211.7d, I claim reimbursement from the State of Michigan for the amount on the attached statement(s). Attach original Payment in Lieu of Tax statement(s) to this form when filing. Millage rates must be provided.			
REQUESTED REIMBURSEMENT AMOUNT		\$	
Signature of Treasurer		Date	Telephone Number
Print or Type Name		City/Village/Township/County	
ASSESSOR: Complete this section.			
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 immediately preceding 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).			
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.			
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 after final approval by the board of review. I further certify that the above assessments include no land that is not being currently used for the benefit of the facility.			
Signature of Assessor		Date	Telephone Number
Print or Type Name		City/Village/Township/County	

Treasurer: Send completed form and tax statement including millage rates 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."