# EMERGENCY FINANCIAL MANAGER OF THE CITY OF ECORSE
## ORDER No. 069

## ORDER OF THE EMERGENCY MANAGER OF THE CITY OF ECORSE, COUNTY OF WAYNE, STATE OF MICHIGAN, AMENDING POVERTY APPLICATION FOR RESIDENTS AND ADOPTION OF 2012 POVERTY GUIDELINES.

WHEREAS, under the Local Government and School District Fiscal Accountability Act, Act 4, Public Acts of Michigan, 2011, as amended ("Act 4") and a Contract (the "Contract") between the State of Michigan and Joyce A. Parker, dated October 30, 2009, Joyce A. Parker has been appointed as the Emergency Manager (the "EM") of the City of Ecorse, County of Wayne, Michigan (the "City") and charged with the power and authority to take all actions necessary to develop and implement financial and operational plans to regulate expenditures, investments and the provision of services for the City of Ecorse in conformity with and using the powers set forth in Act 4; and

WHEREAS, pursuant to Public Act 4 of 2011, Section 19 (1) (dd) an Emergency Manager has the power and authority to "Exercise solely, for and on behalf of the local government, all other authority and responsibilities of the chief administrative officer and governing body concerning the adoption, amendment, and enforce ordinances or resolutions of the local government as provided in the Public Acts enumerated in *(i)* through *(ix)*.

WHEREAS, pursuant to Public Act 4 of 2011, Section 19 (1) (ee) the power of an emergency manager is superior to and supersedes the power of any officer or employee whether elected or appointed and, therefore, allows the Emergency Manager to exercise the power and authority of any elected or appointed position, including the elected positions of the governing body, to properly accomplish work.

WHEREAS, pursuant to Act 4 and the Contract, the EM, as the Chief Administrative Officer of the City, is authorized to, among other things, make, approve, or disapprove any appropriation, contract, expenditure, or loan for the City, as well as, exercise the authority and responsibilities of the chief administrative officer and governing body concerning the adoption, amendment, and enforcement of ordinances or resolutions affecting the city as she may deem necessary, within her sole discretion, to accomplish the purposes of Act 4; and

WHEREAS, MCL 211.7u of the General Property Tax Act, MCL 211.1, et. Seq., allows a property tax exemption for the principal residence of persons who, in the judgment of the supervisor and board of review, by reason of poverty, are unable to contribute to the public charges; and

WHEREAS, pursuant to MCL 211.7u(2)(e), local governing bodies are required to adopt guidelines that set income levels for their poverty exemption guidelines and those income levels shall not be set lower by a city than the federal poverty guidelines updated annually by the U.S. Department of Health and Human Services and interpreted pursuant to the State of Michigan Department of Treasury Bulletin 12 of 2011 on Poverty Exemptions including any changes for 2012. Additionally, a city shall amend the application it uses for residents to apply for the poverty exemption whenever it requires updating to continue to be in legal compliance; and

WHEREAS, the City of Ecorse has properly amended its APPLICATION FOR TAX HARDSHIP REVIEW for use by qualifying residents for the poverty exemption and, in further conformity with MCL 211.7u and Bulletin 12 of 2011 on Poverty Exemptions the City of Ecorse recommends the adoption of the following **CITY OF ECORSE 2012 POVERTY GUIDELINES**:

| NUMBER OF PERSONS IN HOUSEHOLD | 2012 POVERTY GUIDELINES |
|---|---|
| ONE PERSON | 13,000.00 |
| TWO PERSONS | 16,460.00 |
| THREE PERSONS | 20,800.00 |
| FOUR PERSONS | 24,000.00 |
| FIVE PERSONS | 27,500.00 |
| SIX PERSONS | 31,900.00 |
| SEVEN PERSONS | 35,200.00 |
| EIGHT PERSONS | 39,600.00 |
| NINE OR MORE | 43,300.00 |

WHEREAS, this Directive and Order is necessary to carry out the duties and responsibilities required of the Emergency Manager as set forth in Public Act 4 of 2011, the contract between the Local Emergency Financial Assistance Loan Board and the Emergency Manager and, additionally, is considered necessary to implement the financial plan.

**RESOLVED, IT IS HEREBY ORDERED BY THE EMERGENCY MANAGER OF THE CITY OF ECORSE, PURSUANT TO PUBLIC ACT 4 of 2011 AND THE CONTRACT, THAT EFFECTIVELY IMMEDIATELY:**

1. The City of Ecorse adopts the following **CITY OF ECORSE 2012 POVERTY GUIDELINES:**

| NUMBER OF PERSONS IN HOUSEHOLD | 2012 POVERTY GUIDELINES |
|---|---|
| ONE PERSON | 13,000.00 |
| TWO PERSONS | 16,460.00 |
| THREE PERSONS | 20,800.00 |
| FOUR PERSONS | 24,000.00 |
| FIVE PERSONS | 27,500.00 |
| SIX PERSONS | 31,900.00 |
| SEVEN PERSONS | 35,200.00 |
| EIGHT PERSONS | 39,600.00 |
| NINE OR MORE | 43,300.00 |

2. The City of Ecorse amends its APPLICATION FOR TAX HARDSHIP REVIEW form [as attached hereto] for use by qualifying residents for the poverty exemption.

3. Repeal. All orders of the EM, resolutions of the City Council of the City, and parts of resolutions or orders in conflict with this Order are hereby repealed to the extent of such conflict.

**IT IS SO ORDERED** this 31st day of Jan, 2012.

Joyce A. Parker
Emergency Manager
City of Ecorse

# CITY OF ECORSE POVERTY APPLICATION

## FAILURE TO COMPLETE ALL AREAS OF APPLICATION MAY RESULT IN DENIAL OF YOUR POVERTY REQUEST

**The income levels must meet the following guidelines as defined and determined by the City of Ecorse. Guidelines include the income of entire family.**

| # of persons in household | 2012 POVERTY GUIDELINES |
|---|---|
| ONE PERSON | 13,000.00 |
| TWO PERSONS | 16,460.00 |
| THREE PERSONS | 20,800.00 |
| FOUR PERSONS | 24,000.00 |
| FIVE PERSONS | 27,500.00 |
| SIX PERSONS | 31,900.00 |
| SEVEN PERSONS | 35,200.00 |
| EIGHT PERSONS | 39,600.00 |
| NINE OR MORE | 43,300.00 |

1. Have an annual taxable and non taxable interest/dividend income less than $1,500
2. Taxes must exceed 3.5% of total income and assets
3. Income and assets include but not limited to
   a. Money wages and salaries
   b. Regular payments from social security, railroad retirement, unemployment, public assistance, supplemental social security, worker's compensation etc..
   c. Alimony, child support and military family allotment or other regular support from an absent family member
   d. Private pensions, government pensions, including military retirement and regular insurance or annuity payments.
   e. College or university scholarships, grants fellowships and assistantships
   f. Dividends, interest, net rental income, periodic receipts from estates and trust and gambling or lottery winnings.

In order to qualify for a poverty exemption the property must be claimant's principal residence as of December 31st of the prior tax year.

**UNDER THE FREEDOM OF INFORMATION ACT ALL RECORDS SUBMITTED TO THE BOARD OF REVIEW ARE PUBLIC RECORD. PLEASE BLACK OUT ALL SOCIAL SECURITY NUMBERS.**

# APPLICATION FOR TAX HARDSHIP REVIEW

**YOU MUST ATTACH COPIES OF HOMESTEAD TAX CREDIT, STATE & FEDERAL INCOME TAX FORMS**

| | | | |
|---|---|---|---|
| Applicant: | | Phone No: | |
| Address: | | Age: | |
| Resident of Ecorse for _____ years. | | Marital Status: Married ☐ Single ☐ Divorced ☐ Widow/Widower ☐ | |
| How much cash on hand? | $ | from pension? | $ |
| in the bank? | $ | Other? | $ |
| stocks? | $ | Do you receive food stamps? | |
| bonds? | $ | Do you receive alimony? | $ |
| Land Contracts? | $ | Years remaining on mortgage? | |
| Room Rents? (Room & Board, including family members) | $ | Amount of monthly mortgage payments? | $ |
| Income | $ | Amount of annual property taxes? | $ |
| from insurance proceeds? | $ | Who, besides yourself, resides in your home? | |
| from unemployment? | $ | | |
| from social security? | $ | Vehicle:_____YR Payment_____ | |

| Children's Names | | Age | Marital Status | Living Where? | Employed? Yes | No | Annual Income | Health | Further Remarks | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | ☐ | ☐ | | | | |
| | | | | | ☐ | ☐ | | | | |
| | | | | | ☐ | ☐ | | | | |
| | | | | | ☐ | ☐ | | | | |
| | | | | | ☐ | ☐ | | | | |

| | |
|---|---|
| How many years have you applied for and received relief from the Ecorse Board of Review?____ | Did you apply last year? No ☐ Yes ☐ |

I CERTIFY THAT ALL STATEMENTS MADE BY MYSELF IN THE ABOVE APPLICATION ARE TRUE AND ACCURATE.

APPLICANT'S SIGNATURE_____

DATE OF APPLICATION_____