

Charter Township of Port Huron

POVERTY EXEMPTION APPLICATION ADDENDUM

ADDITIONAL QUALIFYING ASSETS

List all **OTHER ASSETS**: include the value of assets owned or controlled by you (for example, boats, coin collection, antiques, etc.)

Type of Asset	Value	Income Derived from Asset	Owner

Please answer the following questions:

	QUESTION	Yes	No
1	Do you own any other personal property of value? (if yes, list below)		
2	Did you receive money from the sale of any of the following: Property, stocks, bonds, house or vehicle? (if yes, list below)		
3	Did you borrow and receive money from another source? (if yes, list below)		
4	Did you receive money as a gift, loan, inheritance or insurance benefit payment? (if yes, list below)		
5	Did you receive food or housing in lieu of wages? (if yes, list below)		
6	Do you qualify for any of the following – Medicare, Medicaid, Food Stamps Free/reduced school lunches? (if yes, indicate which program below)		

If you answered Yes to any questions above, please complete the corresponding number below:

1. List additional personal property _____
2. List the asset you sold and the amount received from the sale _____
3. List the amount of any money you borrowed _____
4. List the amount of money received _____
5. List the value of housing/food received in lieu of wages _____
6. List the programs you qualify for _____

Applicant Signature _____

Date _____