

Conditional Rescission of Principal Residence Exemption

Issued under authority of Public Act 206 of 1893.

INSTRUCTIONS: Read the instructions before completing the form. This form must be filed with the assessor for the city or township where the property is located on or before May 1 of the first year the exemption is being claimed. In addition, this form must be submitted to the assessor annually on or before December 31 to verify the property still complies with the conditional rescission requirements in order to receive the exemption for the following year. This conditional rescission may only be effective beginning with the 2008 tax year. Use a separate form for each property tax identification number.

PART 1: CONDITIONAL RESCISSION TYPE

Check the box that corresponds to your conditional rescission (check one box only)	Applicable Tax Year (yyyy)
<input type="checkbox"/> Initial Request <input type="checkbox"/> Second Year Annual Verification <input type="checkbox"/> Third Year Annual Verification	

PART 2: PROPERTY INFORMATION

Property Tax Identification Number		ZIP Code	
Street Address of Property		Name of Township or City	County
		<input type="checkbox"/> Township <input type="checkbox"/> City	
Owner's First and Middle Names	Owner's Last Name	Owner's Social Security Number	Owner's Daytime Telephone Number
Co-Owner's First and Middle Names	Co-Owner's Last Name	Co-Owner's Social Security Number	Co-Owner's Daytime Telephone Number

PART 3: REQUIREMENTS (The following questions pertain to the property listed in Part 2)

When did the owner(s) of the property relocate? (mm/dd/yyyy)	Where did the owner(s) move to? (provide complete address)
Is the property currently for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When was the property listed for sale? (mm/dd/yyyy)	Is the property currently leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone currently occupy/live in the home located on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the property used for any business or commercial purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 4: OWNER CERTIFICATION

I (we) certify under penalty of perjury the information provided on this document is true and correct to the best of my (our) knowledge.

Owner's Signature	Date		
Co-Owner's Signature	Date		
Owner's Current Mailing Address	City	State	ZIP Code

Mail the completed form to the assessor for the city or township in which the property is located: This address may be on the most recent tax bill or assessment notice. Do not send this form directly to the Department of Treasury. If you have any questions, visit our Web site at www.michigan.gov/treasury or call (517) 373-1950.

LOCAL GOVERNMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

What is the tax year this conditional rescission will take effect? (yyyy)	What is the property classification?