

Property Transfer Affidavit

This form is issued under authority of P.A. 415 of 1994. Filing is mandatory.

This form must be filed whenever real estate or some types of personal property are transferred (even if you are not recording a deed). **The completed Affidavit must be filed by the new owner with the assessor for the city or township where the property is located within 45 days of the transfer.** The information on this form is NOT CONFIDENTIAL.

1. Street Address of Property	2. County	3. Date of Transfer (or land contract signed)
4. Location of Real Estate (Check appropriate field and enter name in the space below.) <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village		5. Purchase Price of Real Estate
7. Property Identification Number (PIN). If you don't have a PIN, attach legal description. PIN. This number ranges from 10 to 25 digits. It usually includes hyphens and sometimes includes letters. It is on the property tax bill and on the assessment notice.		6. Seller's (Transferor) Name
		8. Buyer's (Transferee) Name and Mailing Address
		9. Buyer's (Transferee) Telephone Number

Items 10 - 15 are optional. However, by completing them you may avoid further correspondence.

10. Type of Transfer. Transfers include, but are not limited to, deeds, land contracts, transfers involving trusts or wills, certain long-term leases and business interest. See page 2 for list. <input type="checkbox"/> Land Contract <input type="checkbox"/> Lease <input type="checkbox"/> Deed <input type="checkbox"/> Other (specify) _____		
11. Was property purchased from a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Is the transfer between related persons? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Amount of Down Payment
14. If you financed the purchase, did you pay market rate of interest? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Amount Financed (Borrowed)	

EXEMPTIONS

Certain types of transfers are exempt from uncapping. If you believe this transfer is exempt, indicate below the type of exemption you are claiming. If you claim an exemption, your assessor may request more information to support your claim.

- Transfer from one spouse to the other spouse
- Change in ownership solely to exclude or include a spouse
- Transfer between certain family members *(see page 2)
- Transfer of that portion of a property subject to a life lease or life estate (until the life lease or life estate expires)
- Transfer between certain family members of that portion of a property after the expiration or termination of a life estate or life lease retained by transferor ** (see page 2)
- Transfer to effect the foreclosure or forfeiture of real property
- Transfer by redemption from a tax sale
- Transfer into a trust where the settlor or the settlor's spouse conveys property to the trust and is also the sole beneficiary of the trust
- Transfer resulting from a court order unless the order specifies a monetary payment
- Transfer creating or ending a joint tenancy if at least one person is an original owner of the property (or his/her spouse)
- Transfer to establish or release a security interest (collateral)
- Transfer of real estate through normal public trading of stock
- Transfer between entities under common control or among members of an affiliated group
- Transfer resulting from transactions that qualify as a tax-free reorganization under Section 368 of the Internal Revenue Code.
- Transfer of qualified agricultural property when the property remains qualified agricultural property and affidavit has been filed.
- Transfer of qualified forest property when the property remains qualified forest property and affidavit has been filed.
- Transfer of land with qualified conservation easement (land only - not improvements)
- Other, specify: _____

CERTIFICATION

I certify that the information above is true and complete to the best of my knowledge.

Printed Name		
Signature	Date	
Name and title, if signer is other than the owner	Daytime Phone Number	E-mail Address

Reset Form

ASSESSOR'S DATE STAMP

Principal Residence Exemption (PRE) Affidavit

Issued under authority of Public Act 206 of 1893.

Read the instructions before completing the form. This form is not valid unless certified by the assessor. Do not submit this form if the property is not your principal residence and/or any of the disqualifying factors apply as listed in MCL 211.7(cc). For information regarding the PRE, please review the PRE Guidelines at www.michigan.gov/pre.

Type or print in blue or black ink.

PART 1: PROPERTY INFORMATION Type or print legibly. Use a separate form for each property tax identification number.

1. Property Tax Identification Number	2. Name of Local Unit (Check Township or City) <input type="checkbox"/> Township <input type="checkbox"/> City	3. County
4. Street Address of Property (Provide a Complete Address)		
5. Name of Owner (First, Middle, Last)	6. Owner's Last Four Digits of Social Security Number XXX-XX-	7. Owner's Daytime Telephone Number
8. Name of Co-Owner (First, Middle, Last)	9. Co-Owner's Last Four Digits of Social Security Number XXX-XX-	10. Co-Owner's Daytime Telephone Number
11. Date you owned and occupied the property in line 1		
The property in line 1 above is my:		11. _____ Month Day Year
11a. <input type="checkbox"/> Principal residence		
11b. <input type="checkbox"/> Unoccupied adjoining or contiguous property that is classified residential or timber-cutover.		
12. List the percentage (100% to 1%) of the property that is occupied by the owner claiming the property as a principal residence. If the property has more than one home on it, it is a multi-dwelling, used for purposes other than a principal residence, or partially rented, the owner may claim only a partial exemption. Please consult with your local assessor to determine the percentage of the exemption the owner is allowed to claim in these situations..... 12. _____%		
13. Have you or your spouse claimed a principal residence exemption for another Michigan principal residence?		13. <input type="checkbox"/> Yes <input type="checkbox"/> No
14. If yes to 13, enter the property address and parcel number: _____		
15. If yes to 13, have you rescinded that principal residence exemption?		15. <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do you or your spouse claim a similar exemption, credit or deduction on property located in another state?		16. <input type="checkbox"/> Yes <input type="checkbox"/> No
17. If yes to 16, enter the property address and parcel number: _____		
18. Have you or your spouse filed a tax return as a non-resident of Michigan or resident of another state?		18. <input type="checkbox"/> Yes <input type="checkbox"/> No
19. If yes to 18, enter the state: _____		

PART 2: CERTIFICATION

Certification: I certify under penalty of perjury that I own and occupy as a principal residence on the date stated in Line 11 and that I have not claimed a substantially similar exemption/deduction/credit in property in another state, and that the information contained on this document is true and correct to the best of my knowledge.

20. Owner's Signature	Date
21. Co-Owner's Signature	Date
22. Mailing Address, if Different than Property Address Above	

LOCAL GOVERNMENT USE ONLY (do not write below this line)

23. Indicate property classification.....23. _____	
Did the Assessor Approve or Deny the Affidavit? <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Attach a copy of the Local Unit Denial)	What is the year the Affidavit will be posted to the tax roll?
Certification: I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.	
Assessor's Signature	Date Certified by Assessor (MM/DD/YYYY)

Reset Form

ASSESSOR'S DATE STAMP

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Request to Rescind Principal Residence Exemption (PRE)

Issued under authority of Public Act 206 of 1893.

This form must be filed with the assessor for the city or township where the property is located. This address may be on your most recent tax bill or assessment notice. For more information regarding the PRE, please review the PRE guidelines at www.michigan.gov/pre.

Type or print in blue or black ink.

PART 1: PROPERTY INFORMATION Type or print legibly. Use a separate form for each property tax identification number.

1. Property Tax Identification Number	2. Name of Local Unit (Check Township or City) <input type="checkbox"/> Township <input type="checkbox"/> City	3. County
4. Street Address of Property (Provide a Complete Address)		
5. Name of Owner (First, Middle, Last)	6. Owner's Last Four Digits of Social Security Number XXX-XX-	7. Owner's Daytime Telephone Number
8. Name of Co-Owner (First, Middle, Last)	9. Co-Owner's Last Four Digits of Social Security Number XXX-XX-	10. Co-Owner's Daytime Telephone Number

PART 2: RESCIND INFORMATION

11. I am rescinding the Principal Residence Exemption claimed for this property because (check appropriate box(es) below):

a. I am no longer the owner of the property.

b. I own the property, but I no longer occupy the property as my principal residence.

c. I have converted the property to rental property.

d. I have converted the property to commercial property.

e. Other: _____

12. If the portion of the property in line 1 that you own and occupy as your principal residence has changed, enter the new percentage here. 2. _____ %

13. Effective date of the change listed in either 11 or 12. 13. _____
Month Day Year

14. This rescission applies to:

a. Owner and Co-owner as listed in boxes 5 and 8 above.

b. Owner only, as listed in box 5 above.

c. Co-owner only, as listed in box 8 above.

15. New Owner's Name

15b. New Co-Owner's Name

PART 3: OWNER CERTIFICATION

Certification: I certify under penalty of perjury the information contained on this document is true and correct to the best of my knowledge.

16. **Owner's Signature/Representative** Date

17. **Co-Owner's Signature/Representative** Date

18. **Mailing Address, if Different than Property Address Above**

PART 4: ASSESSOR'S CERTIFICATION — FOR LOCAL GOVERNMENT USE ONLY

Certification: I certify, the Request to Rescind, was properly processed and the PRE was removed and/or adjusted accordingly.

Assessor's Signature

What is the first year this change will be posted to the tax roll (yyyy)? _____

Date Certified by Assessor (mm/dd/yyyy)