

Principal Residence Exemption Affidavit for Similar Exemptions in Other States

Issued under authority of Public Act 121 of 2017

Office Use Only

Date Received

MCL 211.7cc(3)(a) requires that owners claiming a Principal Residence Exemption (PRE) complete this form certifying that he/she is not receiving a substantially similar exemption, deduction, or credit, regardless of amount, in another state, upon request by the Department of Treasury, the assessor of the local tax collecting unit, the county treasurer, or the county equalization director. This form must be returned within 30 days of the date this request was issued. For information regarding the Principal Residence Exemption, review the PRE Guidelines at www.michigan.gov/pre.

PART 1: REQUESTOR INFORMATION (Local Unit/County/State must complete Part 1)		
1. Affidavit Requestor ☐ Department of Treasury ☐ County ☐ Township/ City Assessor		2. Date of Request
3. Address to Return Completed Form		
PART 2: MICHIGAN PROPERTY INFORMATION (Local Unit/County/State must complete Part 2)		
4. Property Tax Identification Number	5. Name of Local Unit (Check Township or City) ☐ Township ☐ City	6. County
7. Street Address of Property (Provide a Complete Address)		
8. Name of Owner (First, Middle, Last)		
9. Name of Co-Owner (First, Middle, Last)		
PART 3: CERTIFICATION (Owner must complete Part 3)		
Michigan law states that owners, as defined in MCL 211.7dd, are not eligible for a Principal Residence Exemption on the property listed in Part 2 if they or their spouse are receiving a substantially similar exemption, deduction, or credit, regardless of amount, on property in another state.		
Certification: I certify under penalty of perjury that I have not claimed or received a substantially similar exemption, deduction or credit on property in another state.		
10. Owner's Signature	11. Owner's Last Four Digits of Social Security Number XXX-XX-	Date
12. Spouse's Signature	13. Owner's Spouse's Last Four Digits of Social Security Number XXX-XX-	Date
14. Co-Owner's Signature	15. Co-Owner's Last Four Digits of Social Security Number XXX-XX-	Date
16. Co-Owner's Spouse's Signature	17. Co-Owner's Spouse's Last Four Digits of Social Security Number XXX-XX-	Date
17. Mailing Address (If Different than Property Address Above)		

Failure to return this form within 30 days of the date this request was issued could result in a denial of the Principal Residence Exemption on the property listed in Part 2. A denial of a Principal Residence Exemption may subject you to additional tax plus penalty and interest as determined under the General Property Tax Act.

Return completed form to the address listed in Part 1.