

AUTHORIZATION FOR VERIFICATION

I, _____, as an applicant to Pokagon Township for a Property Tax Poverty Exemption, hereby authorize, by virtue of my notarized signature below, Wayne Township to contact any person, firm or organization which I have identified in this Application in order to verify the information I have provided herein. Additionally, I authorize any person firm, or organization so contacted to provide any such information to Wayne Township as requested. I am aware that any willful inaccuracies, mis-statements, or mis-representation made by me in this application may constitute perjury, which under the law is a felony violation punishable by fine or imprisonment.

Notice to Applicant

Do not sign this application except in the presence of Pokagon Township Supervisor, Assessor, Board of Review member or notary public.

**STATE OF MICHIGAN
COUNTY OF CASS**

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income, or property other than disclosed herein.

Signature of applicant

Subscribed and sworn this _____ day of _____, 2021

Signature
(Supervisor, Assessor, Board of Review or Notary Public)

FOR BOARD OF REVIEW USE

Disposition by the Board of Review Date

Denied _____ Approved _____ Assessment reduced to

Chairperson

Second Member

Third Member