

ASSESSOR'S DATE STAMP

Conditional Rescission of Principal Residence Exemption (PRE)

Issued under authority of Public Act 206 of 1893.

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 June 1 or November 1 of the first year the exemption is claimed. 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 form is not valid unless certified by the assessor (in Part 5). Use a separate form for each property tax identification number.

Mail the completed form (Parts 1 through 4) and necessary documentation to the assessor for the city or township in which the property is located. The assessor's 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, contact your local assessor or the PRE Unit of the Michigan Department of Treasury at 517-373-1950, or visit www.michigan.gov/PRE.

Type or print in blue or black ink.

| PART 1: CONDITIONAL RESCISSION TYPE | | | |
|---|--|--|--|
| 1. Check the box that corresponds to your conditional rescission (check one box only) | | | 2. 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 (Prior Principal Residence for which the applicant is claiming a Conditional Rescission.) | | | |
| 3. Property Tax Identification Number | | 4. Name of Local Unit (Check Township or City) <input type="checkbox"/> Township <input type="checkbox"/> City | 5. County |
| 6. Street Address of Property (Provide a Complete Address) | | | |
| 7. Name of Owner (First, Middle, Last) | | 8. Owner's Last Four Digits of Social Security Number XXX-XX- | 9. Owner's Daytime Telephone Number |
| 10. Name of Co-Owner (First, Middle, Last) | | 11. Co-Owner's Last Four Digits of Social Security Number XXX-XX- | 12. Co-Owner's Daytime Telephone Number |
| 13. Is the property currently for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter an MLS listing or provide other proof that the property is currently for sale. | | 14. Do you or anyone else currently occupy/live in the home located on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16. When was the property listed for sale? (mm/dd/yyyy) | | 15. Is the property currently leased? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | 17. Is the property used for any business or commercial purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PART 3: CURRENT PRINCIPAL RESIDENCE (Attach a current tax bill and PRE Affidavit (Form 2368) for the current PRE.) | | | |
| 18. To where did the owner(s) move? (Provide a complete address.) | | | 19. County |
| | | | 20. Property Tax Identification Number |
| 21. Date Current Principal Residence Purchased (mm/dd/yyyy) | | 22. Date Property First Occupied as Principal Residence (mm/dd/yyyy) | |
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| PART 4: OWNER CERTIFICATION | | | |
| <i>Certification: I certify, under penalty of perjury, that the information provided on this document is true and correct to the best of my knowledge.</i> | | | |
| 23. Owner's Signature | | | 24. Date |
| 25. Co-owner's Signature | | | 26. Date |
| 27. Owner's Current Mailing Address | | City | State ZIP Code |
| | | | |
| PART 5: ASSESSOR'S CERTIFICATION — FOR LOCAL GOVERNMENT USE ONLY | | | |
| Did the assessor approve or deny the Conditional Rescission? <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Attach a copy of the <i>Local Unit Denial (Form 2742)</i> .) | | | What is the year the Conditional Rescission will be posted to the tax roll? (yyyy) _____ |
| <i>Certification: I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.</i> | | | |
| Assessor's Signature | | | Date Certified by Assessor (mm/dd/yyyy) |
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