Michigan Department of Treasury
2368 (Rev. 03-16)

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).

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)	3. County
44-25-	☐ Township ☒ City Madison Heights	Oakland

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	7. Owner's Daytime Telephone Number
	XXX-XX-	
8. Name of Co-Owner (First, Middle, Last)	9. Co-Owner's Last Four Digits of Social Security Number	10. Co-Owner's Daytime Telephone Number
	XXX-XX-	

11. Date you owned and occupied the property in line 1 ..... 11. _____ (Month / Day / Year)

The property in line 1 above is my:

11a. ☐ Principal residence

11b. ☐ 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 claimed a principal residence exemption for another Michigan principal residence? ..... 13. ☐ Yes ☐ 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 If yes to 13, have you rescinded that principal residence exemption?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. ☐ Yes ☐ No

16. Do you or your spouse claim a similar exemption, credit or deduction on property located in another state?..... 16. ☐ Yes ☐ 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. ☐ Yes ☐ No

19. If yes to 18, enter the state: _____

PART 2: CERTIFICATION

Certification: *I certify under penalty of perjury 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?	What is the year the Affidavit will be posted to the tax roll?
☐ Approved ☐ Denied (Attach a copy of the Local Unit Denial)	

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)