

Principal Residence Exemption (PRE) Audit Questionnaire

Issued under authority of Public Act 206 of 1893

PART 1: PROPERTY INFORMATION			
Street Address:	County:		
City, State, ZIP Code:	Parcel ID:		
PART 2: OWNERSHIP INFORMATION			
Choose all applicable current/former ownership types (individual, company, trust, other) for property in Part 1.			
<input type="checkbox"/> Individual	List additional owners and any other necessary notes on the reverse side of this form.		
OWNER - First Name/Middle	Last Name	Driver's License Number/State ID	Telephone Number
Do you currently live at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide current address.	Have you ever lived at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide dates you occupied the property listed in Part 1 (mm/dd/yy). From: To:
Do you own other property in Michigan or another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide property address(es).	Spouse's Full Name (first and last)	Date owner purchased the property listed in Part 1 (mm/dd/yy).
CO-OWNER - First Name/Middle	Last Name	Driver's License Number/State ID	Telephone Number
Do you currently live at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide current address.	Have you ever lived at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide dates you occupied the property listed in Part 1 (mm/dd/yy). From: To:
Do you own other property in Michigan or another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide property address(es).	Spouse's Full Name (first and last)	Date owner purchased the property listed in Part 1 (mm/dd/yy).
<input type="checkbox"/> Company	Company's Legal Name	Company Contact Name and Telephone Number	
<input type="checkbox"/> Trust**	Name of Trust		Date Purchased by Trust (mm/dd/yy)
Trust Type: <input type="checkbox"/> Qualified Personal Residence <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			
**Each grantor (creator) of Trust must complete the "Individual" section. If the grantor(s) of trust is deceased, all trustee/beneficiaries must complete this section and provide a copy of the grantor's death certificate. Indicate by each name whether he/she is a grantor or beneficiary.			
<input type="checkbox"/> Other	Explain (example - land contract holder, life lease, renter). If more space is needed, please use reverse side of this form.		
Name of Purchaser		Telephone Number (if known)	Date of Sale (mm/dd/yy) Sale Price
PART 3: ALTERNATIVE USE OF THE PROPERTY			
Indicate the portion of the property rented or used for business purposes (if applicable). _____ % Rental _____ % Business	Is the property in Part #1 located next to (contiguous or adjacent) the owner's principal residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES (contiguous or adjacent) describe type of structure(s), if any, and use of property?
Did you previously claim an agricultural exemption on this property? If yes, you must attach a copy of the <i>Claim for Farmland Exemption</i> (Form 2599) filed with the assessor. <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you file a <i>PRE Active Duty Military Affidavit</i> (Form 4660) on this property? If yes, you must attach a copy of Form 4660 filed with the assessor. <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you file a <i>Conditional Rescission of PRE</i> (Form 4640) on this property? If yes, you must attach a copy, date-stamped by the assessor, of each Form 4640 filed for this property, including the annual verifications. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Return this completed form, proof of ownership and occupancy and a date-stamped copy of any PRE Affidavits (Form 2368) to:
PRE Audit Center, PO Box 2337, Brighton MI 48116. Phone: 888-909-2799