



**MERIDIAN TOWNSHIP TREASURER'S OFFICE  
5151 MARSH RD  
OKEMOS, MI 48864**

## **AMBULANCE WAIVER PROGRAM GUIDELINES**

### **AMBULANCE WAIVER REQUIREMENTS**

In order to qualify for the Ambulance Waiver, the applicant must meet all of the tests set by Meridian Township. The Meridian Township Ambulance Waiver Policies and Guidelines are available to the public. The Meridian Township Community Resources Commission shall follow the Policies and Guidelines when granting or denying an Ambulance Waiver. The standards applicable at the time of the application shall be equally applied to each applicant in the Township.

The Ambulance Waiver Policies and Guidelines include income standards and maximum asset standards set by Meridian Township, which are used to determine whether an Ambulance Waiver should be granted.

### **FILING FOR THE AMBULANCE WAIVER**

An Applicant must do all of the following to be eligible for an Ambulance Waiver:

1. Be a resident of Meridian Township and the person listed on the ambulance bill
2. Submit a complete and accurate Ambulance Waiver Application with the Human Services Specialist for review, and thereafter with the Community Resources Commission.
3. Provide proof of household income and assets – *see recommended documentation checklist for further detail*
4. If the applicant can be claimed as a dependent for income tax purposes, a Federal Income Tax return (1040) for the most recent year from the household claiming the applicant as a dependent must be submitted.
5. Meet the Meridian Township Income Standards attached to these Guidelines
6. Meet the Meridian Township Maximum Asset Standards
7. Ambulance waivers may not be applied to bills that have gone to collection agencies.

Under the Freedom of Information Act, all records submitted to the Community Resources Commission are public records potentially subject to disclosure to the public.

Any willful misstatements or misrepresentations made on an application for Ambulance Waiver will constitute fraud and will subject the applicant to criminal and/or civil liability.

## **Recommended documentation checklist**

Copies of the following documents are recommended as applicable for all people living in the home when applying for an ambulance waiver:

### **Identification:**

- Driver's license or State of Michigan ID

### **Proof of Income:**

- Most recent federal and state income tax returns with attachments or signed affidavits for all people who were not required to file federal or state income tax returns
- Social Security benefit award letter for previous year (if lost, call 800.772.1213)
- Veterans' Benefits statement
- Income from employment
- Profit and Loss statement for the previous calendar year, if self-employed
- Worker's compensation
- Unemployment benefits
- Alimony or child support
- Documentation of college or university scholarships, grants, fellowships, and assistantships

### **Assets:**

- Bank and/or credit union statements for all savings, checking, draft, and money market accounts or shared accounts dated within 30 days and all statements for the previous calendar year
- Certificates of deposit: statement from financial institution or the certificate itself
- Stocks, bonds: written statement from broker or company
- Vehicles – title, proof of insurance, registration, loan statement, or payment book to any cars, trucks, snowmobiles, campers, boats, farm equipment, motorcycles, and trailers
- Real estate or property: property tax assessment or certified statement of value or county records (primary residence/homestead excluded)
- Most recent pension and/or Individual Retirement Account (IRA) statement and all statements for the previous calendar year for all accounts

***This is not an exhaustive list. Further documentation may be requested.***

2026 MERIDIAN TOWNSHIP AMBULANCE WAIVER PROGRAM  
INCOME AND ASSET STANDARDS

<b>2026 Income Limits for 100% Exemption (1.35 times the federal guidelines)</b>		<b>2026 Asset Limits for 100% Exemption (1.35 times the federal guidelines)</b>	
<b>Size of Family Unit</b>	<b>Maximum Total Household Income</b>	<b>Size of Family Unit</b>	<b>Maximum Total Household Assets</b>
1	\$21,128	1	\$21,128
2	\$28,553	2	\$28,553
3	\$35,978	3	\$35,978
4	\$43,403	4	\$43,403
5	\$50,828	5	\$50,828
6	\$58,253	6	\$58,253
7	\$65,678	7	\$65,678
8	\$73,103	8	\$73,103
For each additional person	\$7,425	For each additional person	\$7,425

A second tier is provided for a 50% waiver for households with income or assets above 1.35 times the federal guidelines, but with income and assets at or below 1.85 times the federal guidelines:

<b>2026 Income Limits for 50% Waiver (1.85 times the federal guidelines)</b>		<b>2026 Asset Limits for 50% Waiver (1.85 times the federal guidelines)</b>	
<b>Size of Family Unit</b>	<b>Maximum Total Household Income</b>	<b>Size of Family Unit</b>	<b>Maximum Total Household Assets</b>
1	\$28,953	1	\$28,953
2	\$39,128	2	\$39,128
3	\$49,303	3	\$49,303
4	\$59,478	4	\$59,478
5	\$69,653	5	\$69,653
6	\$79,828	6	\$79,828
7	\$90,003	7	\$90,003
8	\$100,178	8	\$100,178
For each additional person	\$10,175	For each additional person	\$10,175



## Meridian Township Ambulance Waiver Program Application

**In order to be considered complete, this application must: 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.**

**PERSONAL INFORMATION:** Applicant must list all required personal information.

Applicant Name	Spouse Name (if in household)	
Address	Daytime Phone Number:	
Age of Applicant:	Marital Status:	Age of Spouse:
Number of Legal Dependents in household:	Age(s) of Dependents:	

**LIST ALL PERSONS LIVING IN HOUSEHOLD AND INCOME:** All persons residing in the residence must be listed. List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income.

First and Last Name	Age	Relationship to Applicant	Income Source	Amount of Monetary Contribution to Household per Month

**REAL ESTATE INFORMATION:** List the real estate information related to your principal residence. Be prepared to provide a deed, land contract or other evidence of ownership of the property.

Are you a homeowner?	Monthly mortgage payment:
Do you escrow your taxes and home insurance?	If so, total paid monthly on taxes and insurance:
Do you own any rental properties?	If so, monthly rental revenue:

**CHECKING, SAVINGS AND INVESTMENT INFORMATION:** List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments.

Name of Financial Institution or Investments	Amount in Account	Current Interest Rate	Name on Account	Value of Investment

**LIFE INSURANCE:** List all policies held by all household members.

Name of Insured	Amount of Policy	Monthly Payment	Policy Paid in Full	Name of Beneficiary	Relationship to Insured

**MOTOR VEHICLE INFORMATION:** All motor vehicles (including motorcycles, motor homes, campers, trailers, etc.) held or owned by any person residing within the household must be listed.

Make	Year	Monthly Payment	Balance Owed

**All willful misstatements or misrepresentations made on this form constitute fraud, which, under law, will subject applicant to criminal and/or civil liability.**

Applicant (print name) \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**For Community Resources Commission Use**

Disposition by Community Resources Commission \_\_\_\_\_

Decision \_\_\_\_\_ Date \_\_\_\_\_

If denied, reason for denial \_\_\_\_\_

Chairperson \_\_\_\_\_ Second member \_\_\_\_\_