



APPLICATION FOR DEFERRAL OF SPECIAL ASSESSMENTS

SECTION 1 - PROPERTY INFORMATION

Property Street Address

Parcel Identification Number:

Property Street Address	Parcel Identification Number:
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SECTION 2 - APPLICANT INFORMATION

Legal Name of Owner One:

Legal Name of Owner One:

Date of Birth:	Phone Number:	Email Address:
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Legal Name of Owner Two:

Date of Birth:	Phone Number:	Email Address:
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Mailing Address (if different from property address):

Check the applicable boxes:

- I am 65 years of age or older
- I am permanently disabled as determined by the Social Security Administration
- I am a member of the Minnesota National Guard or other military reserves who is ordered into active military service, as defined in section 190.05, subdivision 5b or 5c, as stated in the person's military orders, for whom it would be a hardship to make the payments.

SECTION 3 - ASSESSMENT INFORMATION

City Project No:

Assessment Amount:

City Project No:	Assessment Amount:
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**Be advised that All assessments will start bearing interest ten (10) years after the original deferral on the unpaid principal balance at the rate established on the original special assessment.*

SECTION 4 - FINANCIAL INFORMATION

Such special assessment amount causes a hardship for me/us to make payment thereof. The following information will help substantiate my/our claim for deferral. **Please include proof of eligibility (photocopies are acceptable):**

- a. Senior Citizen – Driver's license or other valid ID
- b. Permanently Disabled – Letter of Determination
- c. Income verification includes total household income, as evidenced by your latest Federal Tax Return:
 - a. Annual Special Assessment Principal installment exceeds 2% of applicants adjusted gross income.
 - b. Total assets, excluding homesteaded property, do not exceed six times the adjusted gross income.

Adjusted Gross Income of Applicant(s) _____

Cash Assets _____

Other Assets _____

Other Real or Personal Property Value _____
(other than homestead or auto)

For office use only.

Document(s) Verified by Finance

Staff
Initials

Application Reviewed

Director
Initials

I/We hereby declare that the foregoing statements are true and accurate.

I/We request that the above assessment be deferred as provided under Minnesota Statutes 435.193 to 435.195 and City of Oakdale Standard Operating Policy Number FR-010; 10.1 to 10.6.

I/We understand that interest as determined on the assessment will accumulate ten years after original deferral.

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____