

Application for Deferral of Special Assessment on Senior Citizens' Residential Property

FOR OFFICIAL USE ONLY
Date received at bonding office

Date received at Department of Revenue

- Mail your completed application to the assessment district bonding officer between October 1 and December 1.
- You must complete the Income Worksheet on the back of this application.
- Remember to sign your application.

Filed with the	_ Bonding officer for	(year) and prior calendar years.				
Applicant's name (Last, First, M.I.)		Social Security number	Birth date	Age		
Joint applicant's name (Last, First, M.I.)		Social Security number	Birth date	Age		
Other joint applicant on deed or contract (Last, First, •	Social Security number	Birth date	Age			
Mailing address		City	State	ZIP code		
Property address (if different than mailing address)	Telephone number/me	essage		1		

Now go to the back of the form \rightarrow

THIS SPACE FOR BONDING OFFICER'S USE ONLY-MUST COMPLETE					
Bonding officer's account	Date entered on bond lien docket	Bond lien docket number			
Kind of bonds	Certified copy of the installment agreement attached \Box	Amortization			

Please provide an amortization of payment/amounts for each installment for the life of the assessment.

\$____

First installment Jan 1–Jun 30: Due August 1 \$_____

Second installment Jul 1–Dec 31: Due February 1 \$_____

Delinquent installment: Due by January 31

DESCRIPTION OF PROPERTY										
Manufactured Structure	Model year	Make		Home number		ľ	Manufactured home park name			
Platted	Lot		Blk							Legal Desc
Unplatted	For all unplatted p Parcel in: T		y of the recorded deed or	contract			Sec			
		n			County	Con	taining		acres	3
Deed	Deed information	rded in (year)			Contract recorded i	in (vear)				
		rument number		Micro	ofilm number	Reel		Book/volume	Page	
Assessor's accou	int number			Levy	code	1		1	I	

BONDING OFFICER'S CERTIFICATION

Note: If more than one special assessment is being deferred, each requires a separate application. If this is the first application for deferral of this property, A CERTIFIED COPY OF THE AGREEMENT allowing payment of the special assessment by installment must be attached.

I certify that the above is a true statement of the total amount due.

Bonding officer signature		Title		Date	County		No.
Х							
- THIS SPACE FOR DEPARTMENT OF REVENUE USE ONLY-							
	Approved by (initials)	Date approved		Denied by (initials)	Date denied	Bonding dis	trict no.
Application approved			Application denied				



Date received

INCOME WORKSHEET

• Please print or type.

Applicant's last name	First name and initial	Social Security number	
Joint applicant's last name	First name and initial	Social Security number	
Mailing Address	City	State ZIP Code	

List below all income for 2006. Include income earned in other states or countries. Your income eligibility is determined by Oregon law. Your household income must be less than \$36,500 (taxable and nontaxable income) to qualify.

Work and Investment Income

1.	Wages, salaries, and other pay for work	1	00	
2.	Interest and dividends (total taxable and nontaxable)	2	00	
3.	Business net income (loss limited to \$1,000)	3	00	
	a. Do you have a business located on this property? \Box Yes \Box No			
	If yes, explain type of business and percentage of property used for			
	business purposes			
4.	Farm net income (loss limited to \$1,000)	4	00	
5.	Total gain on property sales (loss limited to \$1,000)	5	00	
	Rental net income (loss limited to \$1,000)		00	
	a. Is part of your home or property used as a rental? \Box Yes \Box No			
	If yes, what percentage?			
7.	Other capital gains (i.e., stocks and bonds (loss limited to \$1,000)	7	00	
	Other income from your federal return. Identify:			
	Add lines 1 through 8			00
10. 11.	Total Social Security, Supplemental Security Income (SSI), and railroad retirement Pensions and annuities (total taxable and nontaxable) Add lines 10 and 11	11	00	00
Othe	r Income	r		
13.	Unemployment benefits	13	00	
	Child support		00	
15.	Support from others not in your household. Identify:	15	00	
16.	Veteran's and military benefits	16	00	
17.	Gifts and grants. Total amount minus \$500	17	00	
18.	Gambling winnings	18	00	
19.	Other sources. Identify:	19	00	
	Add lines 13 through 19			00
21.	Your total household income. Add lines 9, 12, and 20			00

If the amount on line 21 is **more** than the household income limit allowed (\$36,500 for 2006), you do not qualify for the Special Assessment Deferral.

DECLARATION

I declare under penalties for false swearing that I have examined all documents and to the best of my knowledge, they are true, correct, and complete. I understand a lien will be placed on this property. I understand that 6 percent simple interest accrues on each years' deferred bond amount.

Applicant's signature	Date	Joint applicant's signature	Date
X		x	