



## 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, M.I.)	Social Security number	Birth date	Age
• _____	• _____ - _____	• _____	• _____
Mailing address	City	State	ZIP code
• _____	• _____	• _____	• _____
Property address (if different than mailing address)	Telephone number/message		
• _____	• _____		

Now go to the back of the form →

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 <input type="checkbox"/> Amortization <input type="checkbox"/>	
• _____	• _____	

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	Manufactured home park name
• _____	• _____	• _____	• _____	• _____
Platted	Lot _____ Blk _____ Legal Desc _____			
Unplatted	For all unplatted properties attach a copy of the recorded deed or contract.			
• _____	Parcel in: T _____ R _____ Sec _____			
Deed	As described in _____ County Containing _____ acres			
• _____	Deed information			
• _____	<input type="checkbox"/> Deed recorded in (year) _____ <input type="checkbox"/> Contract recorded in (year) _____			
• _____	Document/instrument number	Microfilm number	Reel	Book/volume
• _____	• _____	• _____	• _____	• _____
Assessor's account number	Levy code			
• _____	• _____			

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.
• X _____	• _____	• _____	• _____	• _____

– THIS SPACE FOR DEPARTMENT OF REVENUE USE ONLY –

<input type="checkbox"/> Application approved	Approved by (initials)	Date approved	<input type="checkbox"/> Application denied	Denied by (initials)	Date denied	Bonding district no.
• _____	• _____	• _____	• _____	• _____	• _____	• _____