



# APPLICATION FOR ASSESSMENT DEFERRAL

## SECTION 1 – APPLICANT INFORMATION

APPLICANT'S FULL LEGAL NAME (LAST, FIRST, MIDDLE)	
APPLICANT'S MAILING ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)	
APPLICANT'S PHONE NUMBER	APPLICANT'S DATE OF BIRTH

## SECTION 2 – PROPERTY INFORMATION

STREET ADDRESS OF PROPERTY	
PARCEL IDENTIFICATION NUMBER	

## SECTION 3 – DEFERRAL INFORMATION

ASSESSMENT NUMBER	
NAME OR TYPE OF ASSESSMENT	
REASON FOR DEFERRAL: Deferral of homestead property for (check one or more of the following): <ul style="list-style-type: none"> <li><input type="checkbox"/> Person 65 years of age or older for whom it would be a hardship to make the payments.</li> <li><input type="checkbox"/> Person who is retired by virtue of permanent and total disability for whom it would be a hardship to make the payments.</li> <li><input type="checkbox"/> Person who is active member of any of the U.S. armed forces, Minnesota National Guard or other military orders, for whom it would be a hardship to make the payments.</li> </ul>	

## SECTION 4 – SUPPORTING EVIDENCE

(e.g. Driver's License or other state ID; most recent Federal Income Tax Return; an affidavit from a physician stating the applicant has a permanent disability and is unable to perform any kind of work)

I certify that the information given herein is true and complete to the best of my knowledge.

Signature of Applicant

Date

FOR OFFICE USE ONLY	
<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DENIED</b>	
REASON FOR DENIAL:	PROJECT NO: _____ ASSESSMENT NO: _____
	DESCRIPTION: _____
	LEVIED DATE: _____ INTEREST RATE: _____
	TERM OF ASSESSMENT (NON-DEFERRED): _____
	AMOUNT OF PRINCIPAL TO BE DEFERRED: _____

Signature of Assessments Supervisor

Date



## CITY OF ST. PAUL

### ELIGIBILITY AND DOCUMENTATION REQUIREMENTS FOR DEFERRAL OF SPECIAL ASSESSMENTS

Property owners may apply to defer the payment of principal and interest on a special assessment. A deferral is not a forgiveness of the assessment, and is not an exemption, exclusion or reduction of any amount due. It is simply a delay in payment of the assessment. At some point in the future the assessment must be paid with compounded interest. To determine if you are eligible for a deferral, please review the eligibility requirements below, then complete the application form and return to the City of Saint Paul.

#### Eligibility Requirements:

1. Applicant must own the property.
2. The property must be classified as homesteaded by Ramsey County.
3. Applicant must be:
  - a. 65 years of age or older, or
  - b. retired by virtue of a permanent or total disability based on a doctor's certificate, or
  - c. an active member of any of the U.S. armed forces, Minnesota National Guard or other military reserves, who is ordered into active military service, as defined in Minnesota Statutes, Section 190.05, subdivision 5b or 5c, as stated in the person's military orders; AND
4. Applicant must also meet the qualifications for a financial hardship.

A hardship will be deemed to exist when the amount of all assessments annually levied upon the subject property exceeds one percent (1%) of the household's adjusted gross income, as evidenced by the household's most recent federal income tax return(s) or a sworn affidavit by applicant.

Deferral Termination: An approved assessment deferral will automatically terminate if one of the following is true:

- The death of the owner, provided the spouse is not eligible for the deferral,
- The sale, transfer or subdivision of the property or any part thereof,
- The property should for any reason lose its homestead status, or
- The City determines that there would be no hardship to require immediate or partial payment.

Upon termination of the deferral, the property owner will be required to pay all principal and interest that has accumulated from the levy date to the termination date. Any remaining assessment balance that may be due in future years may be paid over time according to the original pay back schedule.

If you have any questions or require assistance in completing this form, please contact:

City of Saint Paul – Assessments Section  
700 City Hall  
15 W. Kellogg Blvd.  
Saint Paul MN 55102  
651-266-8858



AFFIDAVIT TO ACCOMPANY THE APPLICATION  
FOR DEFERRAL OF SPECIAL ASSESSMENTS  
NO INCOME TAX RETURN FILED

I, \_\_\_\_\_, being first duly sworn, do depose and state that my/our  
gross income for the year \_\_\_\_\_ was in the amount of \$ \_\_\_\_\_.

Signed \_\_\_\_\_  
Signature of Applicant

Signed \_\_\_\_\_  
Signature of Applicant

Sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, County of \_\_\_\_\_, State of \_\_\_\_\_.

My commission expires \_\_\_\_\_.