

APPLICATION FOR ASSESSMENT DEFERRAL

SECTION 1 – APPLICANT INFORMATION		
APPLICANT'S FULL LEGAL NAME (LAST, FIRST, MIDDLE)		
AFFLICANT STULL LEGAL NAME (LAST, FIRST, MIDDLE)		
APPLICANT'S MAILING ADDRESS (STREET ADDRESS), CITY, STATE, ZIP)		
APPLICANT'S PHONE NUMBER	APPLICANT'S DATE OF BIRTH	
ATTECANT STRONG NOMBER	ATTECANT 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):		
☐ Person 65 years of age or older for whom it	would be a hardship to make the payments.	
☐ Person who is retired by virtue of permanent and total disability for whom it would be a hardship to make the payments.		
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.		
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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 c	complete to the best of my knowledge.	
Signature of Applicant	Date	
FO	OR OFFICE USE ONLY	
\Box APPI	ROVED DENIED	
REASON FOR DENIAL:	PROJECT NO: ASSESSMENT NO:	
	DESCRIPTION:	
	LEVIED DATE: INTEREST RATE:	
	TERM OF ASSESSMENT (NON-DEFERRED):	
	AMOUNT OF PRINCIPAL TO BE DEFERRED:	



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 forced, Minnesota National Guard or other military reserves, who is ordered into active military service, as defined in Minnesota Statues, 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 annual 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 by 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	
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