**APPLICATION AND AUTHORIZATION FOR DELAYED PAYMENT**
**OF SPECIAL ASSESSMENTS FOR SENIOR CITIZEN/DISABLED HOMESTEAD**
**MINNESOTA STATUTE 435.193-4**

**STATE OF MINNESOTA )**
**COUNTY OF ANOKA )**

**To: DIVISION MANAGER OF PROPERTY RECORDS AND TAXATION OF ANOKA COUNTY, MINNESOTA**

To be completed by Applicant(s):

**I (we), the undersigned, declare under penalties of perjury:**

That the address of my(our) property is _____.

That I(we) own and occupy the above property as my(our) homestead.

That I(we) am(are) at least 65 years of age or retired by virtue of a permanent and total disability and it would be a hardship for me(us) to make the payments on the special assessments noted below.

That the legal description of the property is: _____

_____

That the Parcel ID number is _____

That I(we) respectfully request that payment on the special assessments noted below be deferred for collection until I (we) no longer qualify(ies) or the property loses its eligibility.

Dated _____ Signed_____
owner

Dated _____ Signed_____
owner

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To be completed by City/Town:

I, _____, representing the _____of _____in
(Clerk or Authorized Deputy name) city/town city/town name

Anoka County, State of Minnesota, do certify that the application of_ _____ ,named above,
Applicant(s)

has been duly reviewed and in accordance with the minutes of official record was duly approved as of _____.
Council Resolution Date

That the Special Assessments for project _____levied on the affiants property
City/town project description

described above, in the principal amount of $_____scheduled for collection in the year (s)
Original principal amount

_____ with interest at the rate of_____%, should be deferred until such time as it is deemed the applicant no
Years spread

longer qualifies or the property loses its eligibility.

Dated_____ _____
(Clerk or Authorized Deputy)

Reviewed by county SA Staff ☐