

Telephone Number

## CITY OF BAXTER DEPARTMENT OF FINANCE DEFERRED ASSESSMENTS FOR PUBLIC IMPROVEMENTS 2024 SUPPLEMENTAL INFORMATION FORM

## For Hardship Deferment for Senior Citizens, Disabled Persons, or Active Military Members

Pursuant to Baxter City Ordinance No. 46 (City Code 1-8) and the Baxter Special Assessment Policy, my/our application for a hardship deferment attached hereto is supplemented by the following information, which I certify as true and correct:

1. My annual gross income from all sources, according to my most recent year's federal income tax return, plus tax exempt income, does not exceed the following based upon the size of household (please circle the income figure based upon your corresponding household size in the table below, list the gross income in the box below, and attach tax return and any other income documentation to the application):

FY 2024 HUD Income Limits Summary Crow Wing County										
Persons in Household	1	2	3	4	5	6	7	8		
Low (80%) Income Limits	\$51,350	\$58,650	\$66,000	\$73,300	\$79,200	\$85,050	\$90,900	\$96,800		

If a federal income tax return was not made, submit other pertinent information to show this qualification was met (social security benefit statement and/or any other income documentation).

Household Most Recent Year's Annual Gross Inc	1.	\$		
2. The annual payment due for all assessments levied against the property exceeds one and one-			\$	
half percent (1.5%) of the income listed above. $(Box 2a < Box 2b)$	Annual Assessment Paymen (from assessment record)	t 2b.	\$	
3. The <b>total special assessments</b> to be deferred exceed \$2,000. (Box $3 > $2,000$ )	Assessment Balance (from assessment record)		\$	
4. The county assessor's market value of my/our homestead parcel does not exceed 150% of Baxter's median home value, as determined by the U.S. Census Bureau, currently \$368,550.	Crow Wing County Current Estimated Market Value of Parcel (Box 4 < \$368,550)	4.	\$	
5. I understand this application must be <b>renewed an</b> deferred assessment payment will accrue interest a	• •	year a	and if approved, the	
Property Owner's Signature	Date P	nrcel ID Number		
Property Owner Name (printed)	Property Address			

Return to: City of Baxter, City Clerk, 13190 Memorywood Drive, Baxter, MN 56425

Remember to include payment of \$50 for the special assessment deferral application fee payable to the City of Baxter. The fee offsets the county recording fee. Attach a copy of the most recent federal tax return, driver's license or other document to verify age. If applicable, attach a copy of military orders. If applicable, attach a copy of a licensed medical doctor's sworn affidavit, social security disability certification or other verifying documentation attesting to the permanent and total disability.

**Email Address**