



*Initial Year and Following Year(s) Applications
Due by August 31 of each year*

Date Rec'd:

**CITY OF BAXTER
DEPARTMENT OF FINANCE
DEFERRED ASSESSMENTS FOR PUBLIC IMPROVEMENTS**

Application and Authorization for Delayed Payment of Tax on Special Assessment for Senior Citizens, Disabled Persons, or Active Military Member's Homestead Where a Financial Hardship Exists.

NAME:	I am (check one): <input type="checkbox"/> At least 65 years of age (date of birth: _____) <input type="checkbox"/> Retired by virtue of permanent and total disability <input type="checkbox"/> Active Military
ADDRESS:	
PHONE:	
EMAIL:	PROPERTY RE CODE:
LEGAL DESCRIPTION OF PROPERTY:	

I, the undersigned, declare under penalties of perjury:

- I, my spouse, and family combined household shall not have an annual gross income in excess of the income limits established by the City of Baxter in effect at the time of the application (see supplemental).
- The average annual payment due for all assessments levied against my homesteaded property exceeds 1.5% of my household income.
- The total special assessments to be deferred exceed \$2,000.
- The Crow Wing County Assessor's estimated market value of my homesteaded parcel does not exceed the limits established by the City of Baxter in effect at the time of the application (see supplemental).
- My interest in the ownership of the above property was acquired on _____, _____, and is as follows (check one):
 Sole ownership
 Joint tenancy, held with _____
 Other (please specify) _____
- On January 2, 20____, I owned and occupied the above property as my homestead and such occupancy (current year) began on _____, _____.
- The taxes for improvements on the special assessments adopted by Resolution No. _____ on _____, 20____, by the City of Baxter which have been allocated against the subject property would create undue personal hardship on my behalf and I respectfully request that payment be so deferred for the installments payable in the year 20____. (NOTE: Application for deferment shall be made each year **prior to August 31.**)

I declare under penalties of perjury that the above information is correct to the best of my knowledge and belief

Property Owner Signature

Date

This portion to be completed by the City of Baxter

I, _____, Finance Director of the City of Baxter, County of Crow Wing, State of Minnesota, do hereby certify that the application of _____, above named, has been duly reviewed and that in accordance with the minutes of official record for the meeting held _____, 20____, in said city council chambers, was duly APPROVED or DENIED.

That in accordance with approval granted, that the assessment on the affiant's subject property levied for annual collection in the amount of \$_____ (composed of principal \$ _____ and interest \$ _____) payable in the year _____, should be so deferred with interest at the annual rate of _____%, until such time as it is deemed the applicant no longer qualifies or the property loses its eligibility.

Dated

Finance Director

Property Address: _____

Property RE Code: _____

Prior Annual Installments Currently Deferred: _____

THIS INSTRUMENT WAS DRAFTED BY:

City of Baxter
13190 Memorywood Drive
Baxter, MN 56425
218.454.5100

AUDITOR'S ORDER ON DEFERRED SPECIAL ASSESSMENTS
FOR SENIOR CITIZENS, DISABLED PERSONS, OR ACTIVE MILITARY DUTY

I certify that I have reviewed the application of _____ herein named, that it has been duly approved and that taxes levied for special assessments under the subject ordinance have been officially deferred in the amount of \$ _____ payable in the following year(s) _____, subject to annual interest fixed at ____% as recorded above in the records of the County Recorder in this county, and it is so ordered.

Date of Approval: _____, 20__.

_____ County Auditor

AUDITOR'S NOTICE OF TERMINATION ON DEFERRED SPECIAL
ASSESSMENTS FOR SENIOR CITIZENS OR DISABLED PERSONS

The above order terminated this ____ day of _____, 20__.

Reasons(s):

- Death of owner and spouse not eligible for benefits hereunder.
- Sale, transfer or subdivision of property or any part thereof.
- No longer homestead property.
- There would be no hardship to require immediate or partial payment.
- Notification that payment has been made to the City Clerk of deferred assessments.
- Other _____.

_____ County Auditor

- Deferment has been removed from Auditor's records. Date _____
- Recertification of previously deferred assessments entered on Auditor's records. Date _____