

# CITY OF BAXTER DEPARTMENT OF FINANCE DEFERRED ASSESSMENTS FOR PUBLIC IMPROVEMENTS 2021 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 2	021 HUD	Income L	imits Sum	mary Cro	ow Wing (	County		
Persons in Household	1 .	2	3	4	5	6	7	8
Low (80%) Income Limits	\$41,750	\$47,700	\$53,650	\$59,600	\$64,400	\$69,150	\$73,950	\$78,700

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-	Box #1 Amount x 0.015 =	2a.	\$	
half percent (1.5%) of the income listed above. (Box $2a < Box 2b$ )	Annual Assessment Payment (from assessment record)	2b.	\$	
3. The <b>total special assessments</b> to be deferred exceed \$2,000. $(Box 3 > $2,000)$	Assessment Balance (from assessment record)	3.	\$	
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 \$312,750.	Crow Wing County Current Estimated Market Value of Parcel (Box 4 < \$312,750)	4.	\$	
5. I understand this application must be <b>renewed annually by August 31st of each year</b> and if approved, the deferred assessment payment will accrue interest annually.				

Property Owner's Signature	Date	Parcel ID Number				
Property Owner Name (printed)	Property Address	Property Address				
Telephone Number	Email Address					

Return to: City of Baxter, City Clerk, PO Box 2626, 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.



Initial	Year	and	Follo	wing	Year(	s) A	pplicati	ions
			Due	by Au	igust E	31 o	f each j	vear

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.

>T / > //		I am (check one):				
NAMI		At least 65 years of age (date of birth:)				
ADDF	RESS:	Retired by virtue of permanent and total disability				
		Active Military				
PHON	IE:	PROPERTY				
EMAI	L:	RE CODE:				
LEGA	L DESCRIPTION OF PROPERTY:					
I, the i	undersigned, declare under penalties of perjury:					
1.	I, my spouse, and family combined household income limits established by the City of Baxter	d shall not have an annual gross income in excess of the r in effect at the time of the application (see supplemental).				
2.	2. The average annual payment due for all assessments levied against my homesteaded property exceeds 1.5% of my household income.					
3.	3. The total special assessments to be deferred exceed \$2,000.					
4.		market value of my homesteaded parcel does not exceed effect at the time of the application (see supplemental).				
5.	My interest in the ownership of the above propand is as follows (check one):	perty was acquired on,,				
	Sole ownersh Joint tenancy	ip , held withspecify)				
6.	On January 2, 20, I owned and occupied t	he above property as my homestead and such occupancy egan on				
7.	property would create undue personal hardship	sessments adopted by Resolution No.  ty of Baxter which have been allocated against the subject p on my behalf and I respectfully request that payment be year 20 (NOTE: Application for deferment shall				
I decla	are under penalties of perjury that the above info	ermation is correct to the best of my knowledge and belief				
Proper	ty Owner Signature	Date				

### This portion to be completed by the City of Baxter

, Finance Director of the City of Baxter, County of Crow Wing, State of
Sinnesota, do hereby certify that the application of,
bove named, has been duly reviewed and that in accordance with the minutes of official record for the
neeting held, 20, in said city council chambers, was duly
PPROVED or DENIED.
hat in accordance with approval granted, that the assessment on the affiant's subject property levied for
nnual collection in the amount of \$ (composed of principal \$
nd interest \$, should be so deferred with interest at
ne annual rate of
roperty loses its eligibility.
Pated Finance Director
. A 11
roperty Address:
roperty RE Code:
rior Annual Installments Currently Deferred:

### THIS INSTRUMENT WAS DRAFTED BY:

City of Baxter 13190 Memorywood Drive PO Box 2626 Baxter, MN 56425 218.454.5100