

**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