

<b>OFFICE USE ONLY</b>
File No. _____

**SENIOR CITIZEN OR TOTALLY AND PERMANENTLY DISABLED PERSON'S  
AFFIDAVIT REQUESTING SPECIAL ASSESSMENT DEFERMENT**

1. First name & initial (if joint return, first names & initials of both)	Last name	2a. Your Social Security No.	3a. Your date of birth
Home address (number and street or RR#)		2b. Spouse's Social Security No.	3b. Spouse's date of birth
City, town or post office	State	ZIP Code	4. Home telephone No. (       )

**PART I - ELIGIBILITY DETERMINATION (This part to be completed by applicant)**

**See instructions on reverse side**

5. Are you (a) citizen(s) of the United States? .....  YES     NO

6. Have you been (a) resident(s) of Michigan for five years or more? .....  YES     NO

7. Have you been the sole owner(s) of the homestead for five or more years? .....  YES     NO

8. What is the type or purpose of the special assessment? \_\_\_\_\_

9. When is the next installment payment due on the special assessment? .....  
Month      Day      Year

10. Total household income for the past calendar year ..... \$ \_\_\_\_\_

11. a. Is there a mortgage or land contract on your homestead? .....  YES     NO

    b. Has the mortgagee or land contract holder on your homestead consented  
to this request? (A copy of the written consent MUST BE ATTACHED) .....  YES     NO

    c. Are you totally and permanently disabled and receiving benefits under Social Security? .....  YES     NO

12. I (we) declare under penalty of perjury that I (we) qualify for the deferment of special assessments on this homestead as defined in P.A. 225 of 1976, as amended; that I (we) have examined this affidavit and to the best of my (our) knowledge and belief it is true, correct and complete; and I (we) acknowledge that the amount of the assessment deferred will be subject to an interest rate of 1/2 of 1 percent per month or fraction of a month (6 percent per year) when the deferment is repaid to the State. **IF THIS DEFERMENT IS AUTHORIZED, THE STATE WILL PLACE A LIEN ON YOUR PROPERTY.**

Signature _____	Date _____	Spouse's Signature _____	Date _____
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**PART II - DEFERRED TAX ASSESSMENT COMPUTATION (To be completed by local assessor)**

**See instructions on reverse side**

13. Original amount of special assessment (must be \$300.00 or more to qualify; attach tax bill) ..... \$ \_\_\_\_\_

14. Amount paid on special assessment by owner ..... \$ \_\_\_\_\_

15. a. Amount of assessment to be deferred (line 13 less line 14) ..... \$ \_\_\_\_\_

    b. Amount of line 15a which is delinquent (attach tax bill) to:

Local Unit ..... \$ \_\_\_\_\_

County ..... \$ \_\_\_\_\_

16. Complete legal description of owned and occupied homestead:  
\_\_\_\_\_  
\_\_\_\_\_

17. I have examined the above affidavit and determined that the amount claimed is correct. The above named applicant(s) is (are) aware of the 1/2 of 1 percent per month or portion of a month interest provision. The consent of the mortgagee or land contract holder, if applicable, is attached and the requirements of P.A. 225 of 1976, as amended, have been satisfied by the applicant(s).

Assessing Officer Signature _____	County _____	
City, Village or Township _____	Federal Employer I.D. No. _____	Assessor Telephone No. (       )