

## **SPECIAL ASSESSMENT DEFERMENT POLICY AND GUIDELINES**

### POLICY

The City of Owosso may postpone payment of special assessments by persons who are unable to contribute toward the cost of public improvement by reason of poverty. (Section 28-28. Owosso City Ordinances).

The applicant must apply for deferment annually before April 1st.

The special assessment payment schedule will not be deferred for a period of more than three years.

The applicant will be required to submit an application provided by the Assessor. The Assessor and Council will apply guidelines as adopted by the City without prejudice to all applicants and shall not deviate from the adopted guidelines without substantial and compelling reasons.

The applicant will execute a lien to the City according to Section 28-28 of the Owosso City Ordinance.

### GUIDELINES

The applicant must be the owner and occupant of the homestead property for which a deferral is applied for.

The applicant must supply a copy of the most recently filed federal and state income tax returns for all persons residing in the homestead.

The applicant will provide proof of income for the most recent one month period for all household members (current pay stubs, benefit statement, etc.).

The applicant will provide proof of residency and/or identification if requested by the Assessor or Council.

The applicant's income shall not exceed the federal poverty income thresholds as defined and determined annually by the U.S. Department of Commerce or 40% of the median income for Shiawassee County as provided by the State of Michigan Housing Development Authority, whichever threshold is higher. The most recent available income guidelines will be used.

Applicants may be required to be present at the Council meeting to respond to questions.

Applicants who will be increasing their income beyond the qualified limits during the year in which the special assessment payment schedule will commence will not be eligible.

The special assessment is payable in full with interest when the homestead or any part thereof is sold or transferred to another party.

~~Application will be denied if applicant is eligible for deferment by PA 1976 No. 225. (Senior citizen deferment available from the State of Michigan.)~~

*I hereby certify that the foregoing document is a true and complete copy of a resolution authorized by the Owosso City Council at the regular meeting of March 2, 1998.*



Amy K. Kirkland, City Clerk



*I hereby certify that the foregoing document is a true and complete copy of action taken by the Owosso City Council at the regular meeting of July 19, 2021.*



Carrie A. Farr, Deputy City Clerk



# CITY OF OWOSSO

## Special Assessment Deferment Application

### PROPERTY & APPLICANT INFORMATION

Name: \_\_\_\_\_

Parcel Number: 050-\_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Marital Status (Check One):      Married \_\_\_      Single \_\_\_      Separated \_\_\_  
    Divorced \_\_\_      Widow \_\_\_      Widower \_\_\_

Age of Applicant: \_\_\_\_\_

Is this property your homestead (primary residence)? \_\_\_\_\_

### DO YOU OWN, OR ARE YOU BUYING, ANY OTHER PROPERTY? YES\_\_ NO\_\_ IF YES, LIST.

Property Address	Assessed Value	Joint Ownership?
_____	_____	_____
_____	_____	_____

### BANK ACCOUNTS & SAVINGS (List all Accounts Separately)

Name of Bank, Savings & Loan or Credit Union	Amount On Deposit Now	In Whose Name is The Account?
_____	_____	_____
_____	_____	_____
_____	_____	_____

### CARS, TRUCKS, MOTORCYCLES, BOATS, TRAILERS, ATV'S, SNOWMOBILES, ETC

	#1	#2	#3	#4
Make				
Model				
Year				
Mileage				
2 door/4 door				
Estimated Value				
Balance Owed				

**SAVINGS BONDS (List Each Separately)**

Bond \_\_\_\_\_ Current Value \_\_\_\_\_

Bond \_\_\_\_\_ Current Value \_\_\_\_\_

**STOCKS, BONDS, MUTUAL FUNDS, MORTGAGES, LAND CONTRACTS HELD, ETC (List Each Separately):**

Current Value \_\_\_\_\_ Dividends & Interest Received in Previous Year \_\_\_\_\_

Current Value \_\_\_\_\_ Dividends & Interest Received in Previous Year \_\_\_\_\_

**LIFE INSURANCE POLICIES**

Person(s) Insured \_\_\_\_\_ Current Cash Value \_\_\_\_\_

Person(s) Insured \_\_\_\_\_ Current Cash Value \_\_\_\_\_

**HOUSEHOLD INFORMATION**

List All Persons Living at Your Address and How They Contribute to Your Income and/or Bills:

Name	Age	Relationship	Monthly Financial Contribution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INCOME INFORMATION**

List all sources of income including salaries, social security, rents, interest income, pension, unemployment, worker’s comp, child support, alimony, claims & lawsuits, income tax refunds, military benefits, college scholarships and any other income whether taxed or untaxed.

Source	Amount	Per (week, month, year, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Per Year \_\_\_\_\_

**OR** Total Per Month \_\_\_\_\_

**OTHER INFORMATION**

Is anyone not living with you (friend, relative, etc.) contributing to the household income or helping to pay your expenses? If yes, explain:

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Do you plan on or anticipate any changes in your living arrangements or financial situation in any way this year? If yes, explain:

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Please add any other information that you feel is important to this application.

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**Application Required Documents Checklist:**

- \_\_\_\_ Federal Income Tax Return (most recent) for all adults, if filed.
- \_\_\_\_ State Income Tax Return (most recent) for all adults, if filed.
- \_\_\_\_ Proof of Income for all adults (most recent one-month period – pay stubs, Social Security, etc.).
- \_\_\_\_ Proof of Identity (driver’s license, picture identification, etc.).
- \_\_\_\_ Proof of ownership (deed, contract, etc.), if requested.

**I certify that the above information is true and correct to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS OR NEED HELP FILLING OUT THIS APPLICATION, PLEASE FEEL FREE TO CALL THE ASSESSING OFFICE MONDAY-FRIDAY 9:00 AM TO 5:00 PM AT 725-0530.**