

**APPLICATION AND AUTHORIZATION FOR DEFERRAL OF SPECIAL ASSESSMENTS
FOR SENIORS OR DISABLED OR MILITARY PERSONNEL
(M.S. 435.193- 435.195) and City Resolution 01-19-22**

I, the undersigned, declare under penalties of perjury:

That I reside at _____

That I am 65 years of age or older No Yes (Date of Birth) _____

OR

That I am retired by virtue of a permanent and total disability No Yes

OR

That I am a member of the Minnesota National Guard or other military reserves who is ordered into active service, as defined in Minnesota Statute 190.05, subdivision 5b or 5c, as stated in the person's military orders No Yes

AND

That I am the owner of the property described above.

That my interest in the ownership of the above property was acquired on _____ (MM/DD/YY) and is as follows:

1. Sole ownership (Enter yes, if applicable) _____
2. Joint tenancy, held with _____
3. Other undivided interest (Specify) _____

That on _____, I owned and occupied the above property as my homestead.

That the special assessments duly adopted by the Council of the City of Hastings on _____, which have been allocated against my property would create undue personal hardship on my behalf and I respectfully request that payment be delayed and that such assessments be so deferred with interest until one of the following events:

- a) The property is sold, transferred, or subdivided, or in any way conveyed to another by the fee owner qualified for deferred status;
- b) My death, provided that my spouse is otherwise not eligible for the benefits hereunder;
- c) The property loses its homestead status; or
- d) The City Council determines that there would be no hardship to require immediate or partial payment of the deferred special assessment.

That the first year's installment of the special assessment, either alone or in the aggregate with installments of other special assessments due against my property and payable in the first year of the proposed assessment, total more than one percent (1%) of my Adjusted Gross Income (AGI).

Owner _____ Date _____
Signature Print Name

2023 Federal Tax Returns cover both my spouse and I in joint qualification.

Spouse _____ Date _____
Signature Print Name

**Attach a copy of your 2023 Federal Tax Form 1040, or other form of income verification. For military personnel, also attach a copy of your military orders.*

Submit this application and requested documentation no later than November 1, 2024 to the City Clerk,
Hastings City Hall, 101 4th Street East, Hastings, MN 55033.

I, _____ Clerk of the City of _____ in Dakota
County, State of Minnesota, do hereby certify that the application of _____
above named, has been duly reviewed and that in accordance with the minutes of the official record in said chambers was
duly

___APPROVED ___DENIED as of _____, 20___.

That in accordance with approval granted, that the local assessments on the affiants subject property levied for annual
collection in the amount of \$_____ for the year (s)_____ thru_____, should be 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.

Date

City Clerk