



**Application and Authorization For Delayed Payment of Tax on Special Assessments  
For Senior Citizens' Homestead Laws 1974, Chapter 206**

STATE OF MINNESOTA  
COUNTY OF DAKOTA

Date: \_\_\_\_\_

TO: County Auditor, Dakota County, Minnesota

I, \_\_\_\_\_, the undersigned, declare under penalties of perjury

That I reside at \_\_\_\_\_

That I am at least 65 years of age and the date of my birth is \_\_\_\_\_ and I meet the income requirements.

That I am unemployed due to a total and permanent disability and meet the income requirements.

That I am the owner of the property legally described as: Property Identification No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

That the property described above is homesteaded \_\_\_\_ Yes \_\_\_\_ No

That the installments for improvements on the special assessments duly adopted by the City Council of Lakeville as of \_\_\_\_\_, which have been allocated against the subject property, would create an undue personal hardship on my behalf, and I respectfully request that payment be delayed and that such installments be so deferred for taxable year \_\_\_\_\_.

Signed: \_\_\_\_\_

[Print Name] \_\_\_\_\_

[Telephone No.] \_\_\_\_\_

[Email Address] \_\_\_\_\_

**For City Use Only**

That in accordance with approval granted, the special assessments listed below on the affiant's subject property levied for annual collection in the amounts and for the years shown to be so deferred with interest at the annual rate shown until such time as it is deemed that applicant no longer qualifies or the property loses it eligibility.

Application Approved on \_\_\_\_\_

Application Denied on \_\_\_\_\_

Name of Assessment	Auditors Number	D/P No.	Total Amount	Years of Collection (Inclusive)	Interest Rate