

Application for Deferment of Summer Taxes

Issued under authority of Public Act 206 of 1893; MCL 211.51

INSTRUCTIONS: File this application with the Treasurer of your city, village or township. You may file your intent to defer until September 15, or until the date your summer taxes are due, whichever is later. **Do NOT file with the State Treasurer's Office.**

NOTE: Though filing of this form is voluntary, your tax due date will not be extended unless this form is filed. The local Treasurer may require additional documentation to verify your claim.

| PART 1: APPLICANT | | |
|--|--|--|
| Last Name | First Name | M.I. |
| Telephone Number | Property Identification Number | |
| Address of Principal Residence (Street Number and Name, City, State, ZIP Code) | Name of City, Township, or Village (Taxing Authority) LEONI TOWNSHIP | |
| | <input type="checkbox"/> City | <input type="checkbox"/> Township <input type="checkbox"/> Village |

| PART 2: DEFERMENT | |
|---|--|
| I hereby request that the treasurer of the above-noted municipality defer the due date of the summer taxes on the property identified above, without penalty or interest charges, until February 15 (Payment must be received on or before February 14 to avoid penalty and interest) based on the following qualification: | |
| (Check 1 or 2 below to identify your basis for this application. Select one choice only.) | |
| <input type="checkbox"/> (1) Principal Residence: | I certify that my gross household income for the preceding calendar year did not exceed \$40,000 and that I qualify for the deferment provided for in the General Property Tax Act under the classification marked below: |
| <input type="checkbox"/> | 62 years of age or older, including the unmarried surviving spouse of a person who was 62 years of age or older at the time of death. |
| <input type="checkbox"/> | Paraplegic, Hemiplegic, or Quadriplegic |
| <input type="checkbox"/> | Eligible Serviceperson, Eligible Veteran, Eligible Widow or Widower |
| <input type="checkbox"/> | Blind Person |
| <input type="checkbox"/> | Totally and Permanently Disabled |
| <input type="checkbox"/> (2) Agricultural Real Property: | I certify that I own the above property, which is classified or used as agricultural real property, and that the gross receipts of agricultural or horticultural operations in the previous year (or the average gross receipts for such operations in the previous three years) is not less than my household income for the preceding calendar year. |

| PART 3: CERTIFICATION | |
|--|------|
| <i>I understand that if this deferment is approved, the deferred taxes must be paid on or before February 14 in order to avoid penalty and interest. I also understand that misleading or false statements on this application may subject me to penalties and interest for late payment of taxes.</i> | |
| Applicant's Signature | Date |

| FOR CITY, VILLAGE OR TOWNSHIP USE | |
|-----------------------------------|------|
| Deferment Approval Signature | Date |