



Tax Delinquency Agreement Application

Owner Name _____

Property Address _____

Tax Account Number _____

Mailing Address _____

Phone Number (____) _____ - _____

Date application received by Treasury ____/____/____

Personal Information

1. Age 65 or over? Yes ____ No ____
2. Marital Status _____
3. Number of dependents _____

Financial Information

1. Which income bracket does your family fit into?
\$10,000 & under ____ \$15,000-\$20,000 ____ \$25,000-\$30,000 ____
\$10,000-\$15,000 ____ \$20,000-\$25,000 ____ \$30,000 & over ____

2. Please explain the circumstances which lead to your financial hardship:

3. If your agreement is approved, how much can you afford to pay monthly?

Monthly _____ Annually _____

4. Does your property have a mortgage held against it? _____

If so, who holds the mortgage? _____

Property Information

1. Which of the following categories describes your property?

Single Family ____

Residential Rental ____

Owner Name _____

Property Address _____

Tax Account Number _____

Commercial (non-residential) ____

Other ____

2. What is the current use and occupancy of the property? Are there any proposed changes?

3. Is there a grant application pending for this property? _____

4. Please list all other properties that you own in the City of Rochester

I certify that the information submitted in this application is true and correct to the best of my knowledge. I understand that any false statements may result in denial or revocation of future agreements.

Owner Signature:

Date:

Please return this form and verification of income to:

City of Rochester, Treasury Bureau

Rochester City Hall, Room 100A

This section to be completed by the Department of Neighborhood & Business Development

Are there any code violations? Yes _____ No _____

Comments:

Signature _____ Date _____

Signature _____ Date _____

This section to be completed by the Bureau of Treasury

Outstanding Balances:	Tax Year	Amount with interest
		As of _____
	_____	\$ _____
	_____	\$ _____
	Total	\$ _____

Financial Hardship? Yes _____ No _____

2nd review

Financial Hardship? Yes _____ No _____

City Treasurer Approved _____ Denied _____

Comments:

Signature _____ Date _____