



APPLICATION FOR DEFERRAL OF SPECIAL ASSESSMENT

To the Mayor and City Council, City of Hutchinson, State of Minnesota.

I am/We are the owner-occupant of the following described real estate situated in the City of Hutchinson.

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____

☐ I am/We are 65 years or older

☐ I am/We are on disability as defined by the Social Security Administration

☐ I am/We are a member of National Guard or military reserves on active duty

A special assessment in the amount of \$_____ has been assessed on the above described property, commencing in the year _____ with interest at rate of _____ % for special assessment:

SA No. _____ Letting No./Project No. _____

Such special assessment amount causes a hardship for me/us to make payment thereof. The following information will help substantiate my/our claim for deferral of special assessments. Yearly income limitation of \$38,150.00 for a single person and \$43,600.00 for married couple, joint tenants, or tenants in common applies (2025 Guidelines – Res. No. 15863). An asset limitation of \$30,000 applies (2025 Guidelines – Res. No. 15863).

Annual Income from All Sources* \$_____
(Federal Income Tax Form 1040, 1040A, 1040EZ, or MN Property Tax Refund Form M-1PR must be submitted with this application.)

Cash Assets \$_____

Other Assets \$_____

Other Real or Personal Property \$_____
(Other than Homestead or Auto)

I/We hereby request that the above assessment in the amount of \$_____ be deferred as provided under Minnesota Statutes 435.193 to 435.195; and City of Hutchinson Resolution No. 15863 dated May 13, 2025. *Be advised that interest will accumulate throughout the entire life of the deferral.

I/We hereby declare that the foregoing statements are true and I/we make application for deferral of special assessment as outlined herein.

Dated: _____

Applicant Signature: _____

Printed Name: _____

Applicant Signature: _____

Printed Name: _____

CITY OFFICE USE:

Verified By: _____

City PID#: _____

County PID#: _____