

# MILITARY EXTENSION APPLICATION FOR REAL ESTATE AND MANUFACTURED HOME TAXES

Military Member _____	Branch of Service _____
Activation Date _____ (attach copy of orders or other documentation)	
Unit Name/Address _____	
Supervisor's Name _____	Supervisor's Phone No. _____
Relationship to Applicant _____	Applicant's Phone No. _____

Applicant's Name (if dependent parent, submit evidence of support) \_\_\_\_\_

"Dependent parent" – means "a parent who, at the time the member was activated, received from the member at least half of the dependent parent's support, including food, shelter, clothing, and medical and dental care."

Applicant's Address \_\_\_\_\_

Owner's Name (on deed or title) \_\_\_\_\_

Property Address \_\_\_\_\_

Parcel/Registration Number \_\_\_\_\_

If taxes are escrowed-Mortgage Company Name \_\_\_\_\_

Mortgage Company Address \_\_\_\_\_

Loan Number \_\_\_\_\_

THE APPLICANT HEREBY AGREES TO ENTER INTO A PAYMENT CONTRACT TO PAY ALL UNPAID REAL ESTATE OR MANUFACTURED HOME TAXES AND SPECIAL ASSESSMENTS ON THE ABOVE PROPERTY. UPON THE APPROVAL OF THIS APPLICATION AND THE FILING OF THE PAYMENT CONTRACT, ALL PENALTY AND INTEREST WILL BE WAIVED WHILE THE MILITARY MEMBER IS ON ACTIVE DUTY. THE APPLICANT MUST NOTIFY THE COUNTY TREASURER BEFORE THE FIRST DAY OF THE SEVENTH MONTH AFTER THE MEMBER'S DUTY TERMINATES TO ESTABLISH A PAYMENT SCHEDULE FOR THE PAYMENT OF THE DEFERRED TAXES. IF THE APPLICANT FAILS TO CONTACT THE COUNTY TREASURER BY THE REQUIRED TIME, ALL PENALTY AND INTEREST THAT HAD BEEN REMOVED DURING THE MEMBER'S ACTIVE DUTY, WILL BE DUE IN FULL ALONG WITH THE UNPAID TAXES. THE TREASURER WILL THEN NOTIFY THE COUNTY AUDITOR THAT THE CONTRACT IS VOID AND THE PROPERTY IS SUBJECT TO FORECLOSURE.

I, \_\_\_\_\_, agreeing to the above terms, do hereby file this application for the  
(Signature of Applicant or Agent)

extension of time to pay my real estate or manufactured home taxes on the property listed above.

Office Use Only	___ Approved	___ Disapproved
Date Discharged	_____ (Required to submit discharge orders)	
Date Office Contacted	_____	
Total Delinquent Taxes	_____ ( ___ Real Estate ___ Manufactured Home)	