



**APPLICATION FOR DEFERRAL OF TAXES**

<b>Property Identification No.</b>		<b>Applicant</b>	
<b>Property Address</b>		<b>Owner Occupied</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Full Name</b>		<b>How long at this address:</b> (yrs./mths.)	
<b>Address</b>		<b>Birth date (proof required)</b>	
<b>City, State, Zip Code</b>		<b>Home Phone Number</b>	
<b>Marital Status</b>			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>IF THERE IS MORE THAN ONE OWNER, PLEASE USE THE SECTION BELOW. ASK FOR ADDITIONAL SHEETS IF NEEDED.</b>			
<b>Co-Applicant (if applicable)</b>			
<b>Full Name</b>		<b>How Long at this address:</b> (yrs./mths.)	
<b>Address</b>		<b>Birth date (proof required)</b>	
<b>City, State, Zip Code</b>		<b>Home Phone Number</b>	
<b>Martial Status</b>			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVERS LICENSE, PASSPORT, OR OTHER STATE-ISSUED PHOTO ID.</b>			



**APPLICATION FOR DEFERRAL OF TAXES – PAGE 2**

**ANNUAL TOTAL HOUSEHOLD INCOME:**

\_\_\_\_\_

**NOTICE: A COPY OF YOUR FEDERAL TAX RETURN MUST BE INCLUDED FOR EACH YEAR OF TAX DELINQUENCY.**

**VALUE OF THE PROPERTY**

\$ \_\_\_\_\_

**OWNER'S EQUITY IN THE PROPERTY**

\_\_\_\_\_ %

Outstanding Mortgage(s)

\_\_\_\_\_

Outstanding Liens

\_\_\_\_\_

**INSURANCE ON THE PROPERTY**

Submit a current Homeowner's Policy Declarations page.

**OCCUPANCY**

Does any person under the age of sixty-five (65) years own or occupy the property?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If the answer is "yes", please identify the person by name and date of birth.

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_



**APPLICATION FOR DEFERRAL OF TAXES – PAGE 3**

**VERIFICATION**

**I verify that the facts set forth in the Application for Deferral of Taxes are true and correct to the best of my knowledge, information, and belief. I understand that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Co-Applicant**

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

Return to:

Northeast Revenue Service, LLC  
Lehigh County Government Center  
17 South 7<sup>th</sup> Street, Room 120  
Allentown, PA 18101  
Phone: 610-782-3119  
Fax: 610-841-3678

Please do not forget:

1. All three completed pages of this form,
2. A copy of your photo I.D.,
3. A current homeowners' insurance policy declarations page; and A copy of your federal tax return for each year of delinquent taxes.