



APPLICATION FOR DEFERRAL OF TAXES

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



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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 _____



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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:

Elite Revenue Solutions
Lehigh County Government Center
17 South 7th 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.