

**APPLICATION FOR HARDSHIP DEFERRAL OF
SPECIAL ASSESSMENTS**

Today's Date:

| | | |
|--|--|-----------------|
| Your name: | Age | Disabled |
| Spouses' name: | Age | Disabled |
| Address of property being assessed: | Number of additional Household members: | |
| Is this your permanent home? | Age | Disabled |
| Home or nearest telephone number? | Age | Disabled |

Please answer the following questions and attach the requested information to determine if you are eligible for deferral of the special assessments on your property:

- 1. Do you own this property?**
- 2. Do you live at this property?**
- 3. Is the property within the Wichita city limits?**
- 4. Is the property used for residential purposes only?**
- 5. Is the property a single building site and less than two (2) acres in size?**
- 6. Please attach income verification (most recent income tax return).**
- 7. Please attach copy of the Statement of Assessment.**

AFFIDAVIT (PLEASE READ)

I hereby declare that all information contained in this application is true and correct to the best of my knowledge. I have no objection to inquiries for the purpose of verification and authorize release of all information contained herein to the Debt Management Office and designated authorized representatives of the City of Wichita.

I understand and agree that in the event I, as property owner, am no longer eligible for deferral, or if the ownership is transferred to a non-eligible owner, or if the use of the property changes, all deferred assessments on said property become due and payable as specified.

Signature(s) of Owner(s)

Date

Ordinance Number 43-977

Revised: 04-27-2001

For official use only:

_____ Deferral recommended

_____ Deferral not recommended