



SPECIAL ASSESSMENT DEFERMENT PROGRAM

APPLICATION

Name(s) _____

Address _____ Parcel Number _____

Email Address _____ Phone Number _____

Household Size _____ Total Household Income _____

Total Assets _____ Balance Owed on Mortgage(s) _____

By submitting this application, I/we certify to Bloomfield Township ("Township") that I/we meet all of the qualifications for the Special Assessment Deferment Program ("SADP") and hereby request deferment of my 2025 special assessment. I acknowledge that the deferred assessment must be paid back, together with 3% annual interest, according to the terms of the SADP. I understand that the Township will record a lien against my property to secure repayment of its funds. I promise to repay the Township for all funds deferred on my behalf.

X _____

Name:

X _____

Name:

Initial each statement:

_____ I/We declare that all information provided to the Township to consider a deferment of my annual special assessment is true and complete and there is no omission of any material information that is pertinent to the Township's consideration of my application. Any willful misrepresentations or misstatements made as part of this application may constitute perjury, which, under the law, is a felony punishable by fine and/or imprisonment.

_____ I/We understand that my/our application will be denied if any information contained in it is found to be false or incomplete.

_____ I/We understand that if any information contained in my application is later found to be false or incomplete, any deferment(s) I have received will be immediately due and payable and the Township may enforce its lien on my property.

_____ I/We understand that this application is for the current year, 2025, and that I will need to re-apply for deferments of assessments in future years.

_____ I/We hereby authorize Bloomfield Township and its agents or employees to verify and obtain information from any creditor, financial institution, government agency, insurance company, or any other organization necessary for the purpose of considering my application.

_____ I/We acknowledge that I will be required to repay any deferment that I receive, together with interest, upon the sale/transfer of my property, the refinance of any mortgage on the property, or after ten (10) years of deferment.

For Township Use:

Amount of Assessment _____

Assessment % of Income _____

Amount of Delinquent Taxes _____

Income Test: _____

Max Income Test: _____

Asset Test: _____

LTV Test: _____

APPROVED:

Treasurer

Assessor



SPECIAL ASSESSMENT DEFERMENT PROGRAM

REQUIREMENTS

1. Application (must be signed)
2. Personal Financial Statement (must be signed)
3. First two pages of 2024 tax return – Form 1040 (must be signed)
4. Last three months' statements for all bank accounts, brokerage accounts, mutual funds, certificates of deposit, digital wallets, annuities
5. Most recent statement from all mortgages