



FINANCIAL HARDSHIP APPLICATION

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Clarkfield, Minnesota 56223
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The deferment of the assessment should be granted to any person otherwise qualified who shall make proper application utilizing this form with an average annual principal and interest due on the assessment is in excess of 3% of the property owner's annual income.

The assessment of any homestead property owned by a person 65 years of age or older or retired by virtue of a permanent and total disability, or who is a member of the Minnesota National Guard or other military reserves who is ordered into an active military, for whom it would be a hardship to make payments, may be deferred subject to the above-stated income conditions upon submission of this application signed by the qualified person.

Please complete the following application and provide the following supporting documentation: **APPLICATION WILL NOT BE REVIEWED UNTIL ALL THE SUPPORTING DOCUMENTATION IS PROVIDED.**

- A copy of last year's tax return (MUST BE SIGNED)
- Information from two recent payroll or unemployment benefit payments; for all persons employed in the household.
- Copy of Driver's License

TYPE OF DEFERRMENT

65 years of age or older Retired by virtue of a permanent and total disability Active Military

PROPERTY # 1

_____	Clarkfield	MN	56223
Property Address	City	State	Zip Code
_____		\$ _____	
Property Owner Name		Assessment Amount	

PROPERTY # 2

_____	Clarkfield	MN	56223
Property Address	City	State	Zip Code
_____		\$ _____	
Property Owner Name		Assessment Amount	

PROPERTY # 3

_____	Clarkfield	MN	56223
Property Address	City	State	Zip Code
_____		\$ _____	
Property Owner Name		Assessment Amount	



\$ _____
Total Assessment Amount

EMPLOYMENT/UNEMPLOYMENT INFORMATION (for each adult)

Employer Name _____
Phone Number

Employer Address _____
City State Zip Code

Employer Name _____
Phone Number

Employer Address _____
City State Zip Code

ASSISTANCE RECEIVED

State Financial Assistance WIC Food Stamps Charity Care Other: _____

By my signature below, I certify that this information is true and complete. I grant the City of Clarkfield permission to verify this information and acknowledge that completion of this form application not guarantee deferment.

Signature _____
Date

PLEASE DO NOT WRITE BELOW. FOR OFFICE USE ONLY.

Received hardship letter from: _____ Date: _____

Application Reviewed by: _____ Date: _____

Approved Not Approved: _____