

Michigan Department of Treasury 471 (7-99), Formerly L-2358

APPLICATION FOR DEFERMENT OF SUMMER TAXES

Applicant's Name (Last, First, Initial)			
Property Code No.	Social Security	No.	
	orm is filed. easurer of you	-	file your intent to defer until
TREASURER'S OFFICE.			
Address of Taxpayer's Homestead			
Type of Municilality Where Homestead is Located		Name of City, Village or Township	
	□+		
City Village	Township		
CHECK (1) OR (2) BELOW TO IDENTIFY BASIS F	FOR THIS AP	PLICATION	
 I hereby request that the treasurer of the due date of my summer taxes on my health calendar year did not exceed \$25,000 are the classification marked below: 62 years of age or older, including at the time of death. Paraplegic, Quadriplegic 	<u>nomestead</u> id nd that I qualif	entified above. I certify that my he	ousehold income for the preceding the General Property Tax Act under
Eligible Serviceperson, Eligible Ve	teran, Eligible	Widow or Widower	
Blind Person			
☐ Totally and Permanently Disabled			
I certify that I own the above property, agricultural or horticultural operations in three years) is not less than my househo	the previous	year (or the average gross receipts	
Applicant's Signature: I understand that misleading late payment of taxes.	or false state	ments on this application may subje	ect me to penalties and interest for
Signature			Date
FOR CITY, VILLAGE OR TOWNSHIP USE ONLY.	·-		
Deferment Approval Signature			Date