**MILITARY EXTENSION APPLICATION FOR**

**REAL ESTATE AND MANUFACTURED HOME TAXES**

Military Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Attach copy of orders or other documentation)

UnitName/Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name (if dependent parent, submit evidence of support) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(“Dependent parent” means a parent who, at the time the member was activated, received from the member at least half of the dependent parent’s support, including food, shelter, clothing, and medical and dental care.)

Applicant’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Name (on deed or title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parcel/RegistrationNumber\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If taxes are escrowed:   Mortgage Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage Company Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Loan Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE APPLICANT HEREBY AGREES TO ENTER INTO A PAYMENT PLAN TO PAY ALL UNPAID REAL ESTATE TAXES/MANUFACTURED HOME TAXES AND SPECIAL ASSESSMENTS ON THE ABOVE PROPERTY. PENALTY AND INTEREST WILL BE WAIVED ON ALL TAXES AND SPECIAL ASSESSMENTS WHILE THE RESERVIST IS ON ACTIVE DUTY.

HOWEVER, LAW REQUIRES THAT IF AN APPLICANT, UPON RETURN FROM ACTIVE DUTY, FAILS TO NOTIFY THE TREASURER’S OFFICE FOR A PAYMENT SCHEDULE, WHICH INCLUDES PAYING CURRENT TAXES WHEN THEY BECOME DUE, ALL PRIOR STATUTORY PENALTY AND INTEREST WILL BE ADDED TO THE ABOVE PARCEL. THE PARCEL THEN IS CERTIFIED DELINQUENT AND THE TREASURER WILL USE COLLECTION METHODS ENFORCED BY THE OHIO REVISED CODE.

THE APPLICATION MUST BE MADE NOT LATER THAN THE LAST DAY OF THE SIXTH MONTH IN WHICH THE MEMBER’S DUTY TERMINATES.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agreeing to the above terms, do hereby file this application for the extension of time to (Signature of Applicant or Agent)      pay my real estate or manufactured home taxes on the property listed above.

**OFFICE USE ONLY**

Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disapproved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Discharged\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Required to submit discharge orders) Date Office Contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Delinquent Taxes \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_Real Estate    \_\_\_\_\_\_Manufactured Home

If you have additional questions please contact the Treasurer’s Office at 937-599-7223 or email us at treasurer@logancountyohiogov