

Lackawanna County Tax Claim Bureau

123 Wyoming Ave., Suite 267
 Scranton, PA 18503
 Ph: (570) 963-6734
 Fax: (570) 496-1733
 Website: www.lackawannacounty.org



APPLICATION FOR ELDERLY EXTENSION OR DEFERRAL PROGRAM

PROPERTY SUBJECT TO DELINQUENT TAX CLAIM(S)
Tax Map Number:
Property Address:
City, State, Zip:
Estimated Market Value of the Property:
Is the property encumbered by a mortgage, reverse mortgage or assignment? YES__ NO__ <i>If the property is encumbered by a traditional mortgage:</i> Purchase Price: _____ Loan Balance to date: _____
Is the property insured with a homeowners' insurance policy? YES_____ NO_____
APPLICANT(S)' INFORMATION
Applicant Full Name:
Date of Birth: ____/____/____ Age: _____
Contact Information: Address (if different from above) _____ Home Phone: _____ Cell Phone: _____
Marital Status: Married: ____ Single: ____ Separated: ____ Divorced: ____ Widowed: ____

If Applicant(s) is/are intestate, i.e., **DO NOT** have a Last Will and Testament, please provide the following information regarding Applicant(s)' next of kin (cannot be a Co-Applicant):

Full Name: _____

Address: _____

City, State, Zip: _____

Contact Phone Number: _____

Email: _____

CONSENT TO AND WAIVER OF NOTICE TO FILE ACT 93 LIENS

IF ELIGIBLE AND ACCEPTED INTO THE DEFERRAL PROGRAM, APPLICANTS DO HEREBY CONSENT TO, WAIVE NOTICE OF AND AUTHORIZE THE LACKAWANNA COUNTY TAX CLAIM BUREAU OR ITS AGENTS TO FILE LIENS PURSUANT TO ACT 93 OF 2014 AND ORDINANCE 16-0255 FOR ALL UNPAID TAX CLAIMS IN ORDER TO PROTECT THE INTERESTS OF THE TAXING DISTRICTS.

Applicant

Date

Co-Applicant

Date

INSURANCE LOSS PAYEE AUTHORIZATION

IF ELIGIBLE AND ACCEPTED INTO THE DEFERRAL PROGRAM, APPLICANTS DO HEREBY CONSENT TO AND AGREE TO ADD THE LACKAWANNA COUNTY TAX CLAIM BUREAU LOCATED AT 123 WYOMING AVENUE, SUITE 267, SCRANTON, PENNSYLVANIA 18503 AS A LOSS PAYEE ON THEIR PROPERTY INSURANCE POLICY IN ORDER TO PROTECT THE INTERESTS OF THE TAXING DISTRICTS EFFECTIVE AS OF THE DATE OF ACCEPTANCE INTO THE PROGRAM. UPON ACCEPTANCE OF THE DEFERRAL PROGRAM APPLICANTS AUTHORIZE THE LACKAWANNA COUNTY TAX CLAIM BUREAU TO CONTACT THEIR INSURANCE CARRIER OR INSURANCE AGENT TO EFFECTUATE AND VERIFY ITS INCLUSION AS A LOSS PAYEE.

Applicant

Date

Co-Applicant

Date

REQUIRED DOCUMENTATION

Please attach the documents requested below to your application. Failure to provide the requested documents will delay the review process and may result in the rejection of your application.

1. A copy of the deed for the property;
2. A certificate of homeowners' insurance or a current homeowners' insurance declaration page, if any (required for deferment recommendation only);
3. A copy of the property owner(s)' most current tax return, social security benefit verification letter, pension income statement and/or other proof of income;
4. A copy of any non-owner occupant(s)' most current tax return, social security benefit verification letter, pension income statement and/or other proof of income;
5. A signed copy of the elderly extension or deferral program terms and conditions form;
6. A copy of the property owner(s)' last will and testament, if any;
7. A copy of the property owner(s)' power of attorney, if any; and
8. Copies of current photo identification, e.g., driver's license, state identification card, Real ID, passport, etc., for everyone who resides at the property.

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ELDERLY EXTENSION OR DEFERRAL PROGRAM REPORT OF THE AREA AGENCY ON AGING

Tax Map No.: _____

Applicant(s): _____

The Lackawanna County Area Agency on Aging has reviewed and vetted the application for extension or deferral submitted by the Applicant(s) and makes the follows findings:

- All occupants of the subject property are sixty-five (65) years of age or older.
- The subject property is residential and owner-occupied.
- The subject property is insured.
- The subject property does not have insurance.
- The household income of Applicant(s) does not exceed the maximum qualifying household income under the Senior Citizens Rebate Assistance Act.
- All required documentation has been provided by Applicant(s).
- Applicant(s) is/are eligible for the elderly extension or deferral program and his/her/their application will be transmitted to NeighborWorks Northeastern Pennsylvania to schedule a financial coaching session and to make a recommendation to the Lackawanna County Tax Claim Bureau.
- Applicant(s) is/are NOT eligible for the elderly extension or deferral program and his/her/their application will be returned to the Lackawanna County Tax Claim Bureau for rejection.

Jason Kavulich, Director
Lackawanna County Area Agency on Aging

DATED: _____

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ELDERLY EXTENSION OR DEFERRAL PROGRAM **RECOMMENDATION OF NEIGHBORWORKS NORTHEASTERN PENNSYLVANIA**

Tax Map No.: _____

Applicant(s): _____

A determination of eligibility has been made by the Lackawanna County Area Agency on Ageing and Applicant(s) have been referred to NeighborWorks Northeastern Pennsylvania to participate in its financial coaching program. NeighborWorks Northeastern Pennsylvania makes the following recommendation to the Lackawanna County Tax Claim Bureau:

- Applicant(s), their authorized agents and/or heirs have failed, after notice, to participate in the financial coaching session necessary to qualify for relief under the elderly extension or deferral program and it is recommended that his/her/their application be rejected.
- Applicant(s) is/are qualified to participate in alternative programs or receive alternative services that will prevent them from losing their residence and/or equity in their residence as a result of unpaid real estate taxes without the necessity to extend or deferral the period of discharge of the unpaid real estate taxes.
- Extend the period for discharge of the existing tax claim or claims for up to three (3) additional months.
- Defer payment of the tax claim or claims until such time as title to the property is transferred, the death of the owner-applicant(s), the owner-applicant(s) no longer reside at the property or the owner-applicant(s) is/are no longer the sole occupant(s) of the property.
- Arrange a special sale of the property pursuant to 72 P.S. § 5860.504(b)(3).

Jesse Ergott, President/CEO
NeighborWorks Northeastern Pennsylvania

DATED: _____

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ELDERLY EXTENSION OR DEFERRAL PROGRAM DETERMINATION OF THE TAX CLAIM BUREAU

Tax Map No.: _____

Applicant(s): _____

The Lackawanna County Tax Claim Bureau hereby adopts the recommendation of NeighborWorks Northeastern Pennsylvania.

TAX CLAIM BUREAU:

Joseph J. Joyce, III, Acting Deputy Director

DATED: _____