**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

## ELDERLY EXTENSION OR DEFERRAL PROGRAM

In accordance with § 504 of the Real Estate Tax Sale Law, (72 P.S. § 5860.504), the Lackawanna County Board of Commissioners adopted Ordinance 16-0255, authorizing the Lackawanna County Tax Claim Bureau to extend or defer the payment of real estate tax claims related to residential real estate which is owned and occupied solely by a person sixty-five (65) years of age or older or is owned and occupied jointly by persons all of whom are sixty-five (65) years of age or older and whose household income is equal to or less than the maximum household income necessary to qualify for a property tax or rent rebate under the Senior Citizens Rebate and Assistance Act.

## TERMS AND CONDITIONS OF PROGRAM

The Lackawanna County Tax Claim Bureau may, upon the recommendation of NeighborWorks Northeastern Pennsylvania, grant an extension or deferral of time for payment of real estate tax claims. To be eligible for the program applicants must meet the following minimum criteria:

1. All owners and occupants of the property must be at least sixty-five (65) years of age;
2. The property must be residential and owner-occupied;
3. The property must be adequately insured if seeking deferral; and
4. The owner(s)' household income must not exceed the maximum qualifying household income under the Senior Citizens Rebate Assistance Act

Applicants who meet the above criteria may obtain an application form from the

Lackawanna County Tax Claim Bureau. A fully executed application should be submitted to NeighborWorks Northeastern Pennsylvania at 815 Smith St. Scranton, PA 18504 along with the following documentation:

1. A copy of the property owner(s)' most current tax return, social security benefits verification letter, pension income statement and/or other proof of income;
2. 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;
3. Copies of recent bank statement and utility bills to assist with assessing eligibility for additional programs and services
4. A signed copy of the elderly extension or deferral program terms and conditions;
5. A copy of the property owner(s)' last will and testament, if any;
6. A copy of the property owner(s)' power of attorney, if any;
7. Copies of current photo identification, e.g., driver's license, state identification card, Real ID, passport, etc., for everyone who resides at the property; and
8. A certificate of homeowners' insurance or a current homeowners' insurance declaration page *(required if applicant is interested in a recommendation for deferment)*;

NeighborWorks Northeastern Pennsylvania will contact each applicant to schedule a one-on-one financial coaching session which will include a comprehensive overview of the elderly extension or deferral program and its ramifications. NeighborWorks Northeastern Pennsylvania will also assist applicants in obtaining additional services or resources for which they may be qualified and that may otherwise prevent applicants from losing their residence or equity in their residence as a result of unpaid real estate taxes. All applicants must participate in a one-on-one session with NeighborWorks Northeastern Pennsylvania. If it is determined that an Applicant(s) wishes to continue to reside in the property, stay the tax sale of same and defer the payment of tax claims, Applicant(s) will have access to ongoing financial coaching sessions with NeighborWorks Northeastern Pennsylvania if the client or NeighborWorks deem it necessary. An applicant(s)' attorney-in-fact appointed

through a power of attorney, executor appointed through a last will and testament, guardian appointed by the Court or next of kin, if any, are required to participate in session(s) provided by NeighborWorks Northeastern Pennsylvania.

Upon receipt of NeighborWorks Northeastern Pennsylvania recommendations the Tax Claim Bureau may:

1. Extend the period for discharge of the tax claim or claims for up to three (3) additional months if it appears to the bureau that suitable arrangement for payment of the tax claim or claims can be made within that period;

2. If it is determined that the owner desires to continue to reside in the residence and cannot afford to pay the tax claim or claims and continue to live in a comfortable lifestyle, stay the tax sale and defer payment of the tax claim or claims until such time as title to the property is transferred or the owner is no longer the sole occupant of the property. All taxes so deferred shall constitute a lien on the property and shall attach as of the date and in the same manner and shall be collected as other liens for taxes, but the taxes shall be due and payable only when title to the property is transferred or the eligible owner is no longer the sole occupant; or

3. If it is determined that the owner does not desire to continue to reside in the residence, or that a deferral of tax pursuant to paragraph (2) would jeopardize ultimate recovery of the tax claim or claims in full, and it appears that the owner has equity in the residence which would be lost at a regular tax sale, a special sale of the residence can be arranged. At least two (2) independent appraisals of the residence shall be obtained, and the residence shall be placed on the market at a price midway between such appraisals for a period not to exceed eleven (11) months from the date the property was initially scheduled for sale. If the property is sold within that period, the proceeds shall be distributed in the priority stated in § 205(d) of the Real Estate Tax Sale Law and confirmed as provided in § 205(e). The cost of the appraisals and seller's costs of the sale shall be borne by the owner. If the property is not sold within that period, the property shall be sold at the next regularly scheduled tax sale, and costs incurred shall be recouped by the Bureau at the sale.

All taxes that are deferred under this program shall bear simple interest from the date they become due and payable until the date they are paid and will constitute a lien

on the property. The interest rate per annum for each calendar year shall be the rate established by § 306 of the Real Estate Tax Sale Law, which is currently set a nine (9%) percent *per annum*.

If the property is transferred, becomes occupied by others in addition to the owner-applicant(s), the owner(s) vacate the property, the owner-applicant(s) pass away or the Applicant(s) fail to comply with the terms of the program, the extension or deferral will be terminated, and all delinquent real estate taxes owned will become due and payable.

s/Barbara Lynady
Deputy Director

**ACKNOWLEDGEMENT**

I hereby acknowledge that I have been provided with and have reviewed all of the foregoing terms and conditions of the elderly extension or deferral program, consisting of four (4) typewritten pages.

_____ DATED: _____
Applicant

_____ DATED: _____
Co-Applicant

_____ DATED: _____
Co-Applicant

_____ DATED: _____
Co-Applicant

_____ DATED: _____
Co-Applicant

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## 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___<br>*If the property is encumbered by a traditional mortgage*:<br>Purchase Price: _____<br>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:<br>Address (if different from above) _____ Home<br>Phone:_____Cell Phone: _____ |
| Marital Status:<br>Married: ☐ Single: ☐ Separated: ☐ Divorced: ☐ Widowed: ☐ |



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Co- 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 anyone else **resides in the property**, please provide the following information:

Name:_____ Date of Birth:_____/____/ Name:

_____ Date of Birth:_____/____/ Name:

_____ Date of Birth:_____/_/_____

I*f there are more individuals who reside in the property, please use a separate piece of paper.*

**ANNUAL HOUSEHOLD INCOME**

Total annual household income from any source**:** $_____

*Include all members of the household when calculating household income*.

**SUCCESSION**

If Applicant(s) has/have a **Last Will and Testament**, please provide the following information regarding each **Executor or Administratrix** of Applicant(s)' Estate(s):

Full Name: _____

Address:_____

City, State, Zip: _____

Contact Phone Number: _____

Email: _____

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 certificate of homeowners' insurance or a current homeowners' insurance declaration page, if any (required for deferment recommendation only);

2. 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;

3. Copies of recent bank statement and utility bills to assist with assessing eligibility for additional programs and services

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.

**[REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK]**

## VERIFICATION

The undersigned hereby verifies that the information set forth in the foregoing application for elderly extension or deferral are true and correct to the best of my knowledge, information, and belief. This verification is made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

_____ _____
Applicant Date

_____ _____
Co-Applicant Date

**COMMONWEALTH OF PENNSYLVANIA )**
**) ss:**
**COUNTY OF LACKAWANNA )**

On this, the _____day of_____, 20_____, before me, the undersigned notary public, personally appeared_____, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within affidavit, and acknowledge that_____executed that same for the purposes therein contained.

***IN WITNESS WHEREOF**, I have hereunto set my hand and official seal.*

By:_____
Notary Public

**COMMONWEALTH OF PENNSYLVANIA )**
**) ss:**
**COUNTY OF LACKAWANNA )**

On this, the _____day of_____, 20_____, before me, the undersigned notary public, personally appeared_____, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within affidavit, and acknowledge that_____executed that same for the purposes therein contained.

***IN WITNESS WHEREOF**, I have hereunto set my hand and official seal.*

By:_____
Notary Public

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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 defer 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).

Date: _____ _____
NeighborWorks Northeastern Pennsylvania



(Rev. 05/7/2024)

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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 a copy of which is attached hereto.

**TAX CLAIM BUREAU:**

_____
Barbara Lynady, Deputy Director

DATED: _____



(Rev. 05/7/2024)