

MILITARY ASSISTANCE PROGRAM APPLICATION

BRANCH OF SERVICE _____ UNIT NAME/ADDRESS _____

ACTIVATION DATE _____ ATTACH COPY OF ORDERS (REQUIRED)

SUPERVISOR'S NAME _____ PHONE NUMBER _____

LEGAL NAME _____ PARCEL NUMBER _____

PROPERTY ADDRESS _____

MORTGAGE COMPANY/ADDRESS _____

(If real estate taxes are included in mortgage payment)

“THE RESERVIST TAXPAYER HEREBY AGREES TO ENTER INTO A PAYMENT PLAN TO PAY ALL UNPAID REAL ESTATE TAXES AND SPECIAL ASSESSMENTS ON THE ABOVE OWNER-OCCUPIED PROPERTY. PENALTY AND INTEREST WILL BE WAIVED ON ALL REAL ESTATE TAXES AND SPECIAL ASSESSMENTS WHILE THE RESERVIST IS ON ACTIVE DUTY. HOWEVER, LAW REQUIRES THAT IF A RESERVIST, 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, _____ AGREE TO THE ABOVE TERMS AND CONDITIONS.
Signature, taxpayer or authorized agent ON THIS DAY, _____

TREASURER'S PHONE: 614-747-3431

FAX: 614-221-8124

WEBSITE: www.franklincountyohio.gov E-MAIL: Treasurer@franklincountyohio.gov

Mailing Address: 373 South High Street, 17th Floor; Columbus, Ohio 43215

INTEROFFICE USE ONLY

DATE DISCHARGED _____ ATTACH COPY OF DISCHARGE PAPERS (REQUIRED)

TERMINAL DATE _____ TOTAL DELINQUENT TAXES _____

STARTING MONTH _____ LENGTH OF PAYMENTS _____ MONTHS

MONTHLY PAYMENTS _____

COUPONS WILL BE FORWARDED FOR YOUR CONVENIENCE TO MAKE MONTHLY PAYMENTS. FAILURE TO RECEIVE COUPONS DOES NOT EXCUSE TAXPAYERS FROM MAKING MONTHLY PAYMENTS.