

Extension for Severe Economic Hardship

In accordance with Section 504 of the Real Estate Tax Sale Law (Act of July 7, 1947, P.L. 1368, *as amended*, 72 P.S. 5860.601 *et. seq.*) the County of Luzerne has adopted Ordinance No. 2015-04, authorizing The Luzerne County Tax Claim Bureau, through its agent Elite Revenue Solutions, to grant extensions to property owners with severe economic hardships as described below.

1. Elite Revenue Solutions, as agent for the Luzerne County Tax Claim Bureau, upon approval by the Luzerne County Solicitor's Office or the Luzerne County Council, may grant an extension of time for payment of tax claims to applicants who have been unable to satisfy tax claims due to one of the following extenuating circumstances:
 - a. Serious physical illness or injury; or
 - b. Unemployment; or
 - c. A combination of physical illness or injury together with a state of prolonged unemployment.
2. In order for applicants to receive an extension, the following requirements shall be met:
 - a. The taxpayer must be a permanent resident of the Commonwealth of Pennsylvania;
 - b. The property must be residential and occupied by the owner(s);
 - c. The property must be adequately insured;
 - d. The extenuating circumstances as defined in #1 occurred or persisted during the tax years for which the delinquent taxes were assessed or during the year immediately preceding the delinquency; and
 - e. The extenuating circumstances as defined in #1 have been a substantial cause of the applicant's failure to pay the delinquent taxes to the date of application under this policy; and
 - f. The owner(s) must not have defaulted on a payment agreement with the Tax Claim Bureau within the previous three (3) years.
3. Applicants who meet the above criteria may obtain an application form from the Tax Claim Bureau or its website at luzernecountytaxclaim.com.
4. The application form should be submitted to the Tax Claim Bureau along with:
 - a. A copy of all owners' driver's licenses or other acceptable form of identification;
 - b. A copy of the owners' tax returns, unemployment award letter, or other proof of income;
 - c. Proof of valid homeowners insurance coverage; and
 - d. Any other documents which may be necessary to determine whether the above requirements have been met.
5. If the Tax Claim Bureau determines that the minimum requirements outlined in #1 are not met, or the documentation supplied is not sufficient for the Bureau to make a determination, the application will be rejected without the necessity of further action. The application may be re-submitted when the proper documentation has been obtained and/or the applicant's circumstances have changed.
6. If the Tax Claim Bureau determines that the applicant appears to meet the minimum requirements as set forth above, the application and attached documents shall be forwarded to

the Luzerne County Solicitor's Office for review. The Luzerne County Solicitor's Office may engage in any of the following additional procedures:

- a. Examine documents of record;
 - b. Request further information or documentation from the applicants; and/or
 - c. Conduct any other inquiries which may assist in the determination of the applicants' eligibility for an extension.
7. The Tax Claim Bureau and the Solicitor's Office reserve the right to reject any application if it is determined that the applicant is capable of satisfying the tax claim without an extension.
 8. If the application is granted, the Tax Claim Bureau, with the approval of the Luzerne County Solicitor's Office, may:
 - a. Extend the period for discharge of tax claims for up to twelve (12) additional months, provided that the applicant enters into an equitable payment schedule as determined by the Tax Claim Bureau and the Office of Law; and/or
 - b. Abate, suspend, continue or stay the tax sale proceedings pending with respect to the owner-occupied residential real estate.
 9. The payment schedule referenced in #7.a. shall permit the applicant to make payment of the amount due in at least four (4) installments at least thirty (30) days apart, and the initial payment shall not be more than twenty-five percent (25%) of the total indebtedness owed at the time of the application. *Notwithstanding this policy, the Bureau, upon approval of the Luzerne County Solicitor's Office or the Luzerne County Council, may, in special hardship cases, authorize payment schedules specifically suited to the capabilities of the particular affected taxpayer.
 10. If the Solicitor's Office is unable to make a determination, the application and all relevant documentation may be forwarded to the Luzerne County Council for its review and determination. In this instance, an application will be granted upon a motion adopted by an affirmative vote of a majority of County Council members whose presence at the meeting is recorded and who are eligible to vote.
 11. If it is determined that the applicant is not eligible for an extension for any reason, an aggrieved taxpayer may, within fifteen (15) days of notice, appeal to the Luzerne County Court of Common Pleas for *de novo* review of the application.
 12. An extension for severe economic hardship shall only apply to one (1) owner-occupied property per taxpayer.
 13. All taxes deferred under this policy will continue to accrue interest at nine percent (9%) per annum in accordance with Section 306 of the Real Estate Tax Sale Law and the deferred taxes will continue to become a first lien on the property on the date of delinquency, notwithstanding the hardship extension.
 14. A default on any installment agreement granted under this policy will be treated as a default under Section 603 of the Real Estate Tax Sale Law, and will prevent the property owner(s) from entering into another payment agreement within three (3) years after the default.
 15. **All applications must be received by the Tax Claim Bureau at least thirty (30) days prior to the date of any tax sale for which the subject property is scheduled. Applications received less than thirty (30) days prior to the sale date will be automatically rejected without review.**

APPLICATION FOR EXTENSION FOR SEVERE ECONOMIC HARDSHIP

Property Identification No.		Applicant	
Property Address		Owner Occupied Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full Name	How long at this address: (yrs./mths.)		
Address	Birth date (proof required)		
City, State, Zip Code	Home Phone Number		
Marital Status			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
IF THERE IS MORE THAN ONE OWNER, PLEASE USE THE SECTION BELOW. ASK FOR ADDITIONAL SHEETS IF NEEDED.			
Co-Applicant (if applicable)			
Full Name	How Long at this address: (yrs./mths.)		
Address	Birth date (proof required)		
City, State, Zip Code	Home Phone Number		
Marital Status			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVERS LICENSE, PASSPORT, OR OTHER STATE-ISSUED PHOTO ID.			

APPLICATION FOR EXTENSION FOR SEVERE ECONOMIC HARDSHIP- PAGE 2

ANNUAL TOTAL HOUSEHOLD INCOME:

REASON FOR APPLICATION: _____ UNEMPLOYMENT
 _____ SERIOUS PHYSICAL ILLNESS OR INJURY

NOTICE: A COPY OF YOUR FEDERAL TAX RETURN OR SOCIAL SECURITY AWARD LETTER MUST BE INCLUDED, ALONG WITH ANY OTHER DOCUMENTATION SUPPORTING YOUR CLAIM OF UNEMPLOYMENT AND/OR SERIOUS PHYSICAL ILLNESS OR INJURY.

ASSESSED VALUE OF THE PROPERTY \$ _____

OWNER'S EQUITY IN THE PROPERTY _____ %

 Outstanding Mortgage(s) \$ _____

 Outstanding Liens \$ _____

INSURANCE ON THE PROPERTY

Submit a current Homeowner's Policy Declarations page.

OCCUPANCY

Does any person occupy the property who is not listed as an owner on page one of this document?

_____ YES _____ NO

If the answer is “yes”, please identify the person by name and date of birth.

Full Name _____ **Date of Birth** _____

APPLICATION FOR EXTENSION FOR SEVERE ECONOMIC HARDSHIP – PAGE 3

VERIFICATION

I verify that the facts set forth in the Application for Deferral of Taxes are true and correct to the best of my knowledge, information, and belief. I understand that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Applicant

Co-Applicant

Date: _____

Return to:

Elite Revenue Solutions
20 N. Pennsylvania Ave. Floor 3
Wilkes-Barre, PA 18711
Phone: 570-825-1512
Fax: 570-820-6339

Please do not forget:

1. All three completed pages of this form,
2. A copy of your photo I.D.,
3. A current homeowners' insurance policy declarations page;
4. A copy of your most recent federal tax return or social security award letter; and
5. Any other relevant documentation supporting your claim of either unemployment or serious physical illness or injury.