

Onondaga County Department of Real Property Tax Services

John H Mulroy Civic Center 15th Flr, 421 Montgomery Street, Syracuse, NY 13202 / (315) 435-2426 / Monday – Friday 8:00 am– 4:00 pm

AGREEMENT FOR INSTALLMENT PAYMENT OF DELINQUENT TAXES

Executed pursuant to Local Law No. 7 of 1995

ELIGIBILITY: The parcel owner *must*:

- Be listed as the owner on the tax roll OR provide supporting documentation proving their eligibility to enter into this agreement with Onondaga County (*e.g. recently-filed deed, power of attorney, business ownership*).
- Address all parcels owned in Onondaga County, outside the City of Syracuse, with delinquent taxes. All delinquent parcels either need to be paid in full or be included in this agreement.
- Not have defaulted on a previous delinquent tax installment agreement with Onondaga County in the past three (3) years.

REQUIRED:

- Agreement for Installment Payment of Delinquent Taxes completed, signed, and notarized
- Valid, government-issued ID (*Copy if mailed*)
- Proof of eligibility, if necessary
- Down payment per parcel of a minimum twenty-five percent (25%) plus a \$50 processing fee
- For automatic withdrawal of monthly payments, a voided check, deposit slip, or letter from the financial institution with account information.

AGREEMENT TERMS:

- This agreement does not affect the tax lien against the parcel (i.e. delinquent parcel tax amounts due to Onondaga County), except that the lien will be reduced by the payments made under this agreement. Any required advertising, notifications, and the like will continue until the lien is paid in full.
- Onondaga County agrees that the lien will not be foreclosed while this agreement is active.
- There is a \$30.00 fee for any returned payments. Certified funds are required to replace any returns.
- Automatic withdrawal of payments or certified funds will be required at the discretion of Onondaga County or if two (2) installments are returned.
- All subsequent taxes (i.e. County/Town, School, Village), special ad valorem levy, or special assessment cannot be incorporated into this agreement and must be paid in full to the respective tax collectors during their collection period.
- If payments are made by check or money order, please make it payable to “Chief Fiscal Officer,” include your Agreement Number(s) or Tax Map Number(s) in the check memo, and bring the payment to the office or mail to:

Agreement Paperwork & Down Payment

Chief Fiscal Officer
PO Box 1004
Syracuse, NY 13201-1004

Monthly Installment Payments

Chief Fiscal Officer
Department 116248
PO Box 5211
Binghamton, NY 13902-5211

PAYMENTS: Down payments, installment payments, interest, penalties, and **fees are calculated separately for each parcel** included in this agreement.

- **Distribution**
 - All Payments will be applied first to administrative fees and then through the delinquent tax years in reverse order beginning with the most current tax year, including interest and fees.
- **Down Payment**
 - A minimum of **twenty-five percent (25%) of all delinquent taxes plus a \$50 processing fee** is required at the start of this agreement.
- **Monthly Payments**
 - There will be **twenty-four (24) monthly installment payments**.. The first installment payment is due the month following the start of this agreement.
- **Due Dates**
 - All installments must be made on time and each is due by **the last day of the month** in which it is to be paid. A grace period of 15 days is given for each installment payment.
- **Interest Rate**
 - This agreement is subject to interest at a rate of twelve percent (12%) per year and will accrue at a rate of **one percent (1%) per month on the declining balance**.
- **Late Fees**
 - If any installment payment is not made by the 15th calendar day after the due date, an additional **late charge of five percent (5%) of the overdue payment** will be added.
- **Additional & Final Payments**
 - There is no penalty for additional payments on this agreement. Any adjustments to the payment schedule will be applied to the last payment(s). Monthly payments are still required regardless of whether pre-payment or additional payments are made.
 - Additional payments *cannot* be made when signed up for direct withdrawal of monthly payments.
 - Payment in full of the balance can be made at any time; first contact our office for a payoff figure.

DEFAULT:

- This agreement will default if any of the following events occur:
 - The down payment or two (2) installments are returned; OR
 - Non-payment of any installment within thirty (30) days from the due date; OR
 - Non-payment of any subsequent tax, special ad valorem levy, or special assessment which is levied following the signing of this agreement.
- In the event of default:
 - The entire unpaid balance is due immediately after default and must be paid in full, including all interest and late fees; AND
 - The parcel owner is not eligible to enter into another such agreement for three (3) years; AND
 - Onondaga County has the right to enforce the collection of the delinquent tax lien pursuant to the Onondaga County Special Tax Act, including foreclosure proceedings, if applicable. Onondaga County's failure to declare the entire balance and owing, or to commence foreclosure proceedings, does not constitute Onondaga County waiving its right to do so.

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AGREEMENT FOR INSTALLMENT PAYMENT OF DELINQUENT TAXES

I/We, the undersigned, verify that I/we have received a copy of this Agreement for Installment Payment of Delinquent taxes and hereby attest that I/We is/are the owner(s) or eligible representative(s) thereof and agree to pay to the Onondaga County Department of Real Property Tax Services the total delinquent taxes for the parcel(s) noted, in accordance with the terms and conditions as set forth by this agreement pursuant to Onondaga County Local Law No. 7 of 1995.

Town: _____ Tax Map Number(s): _____

Town: _____ Tax Map Number(s): _____

Town: _____ Tax Map Number(s): _____

Parcel Owner(s): _____

Business Name (if applicable): _____

Contact Information: Home Phone: _____ Work Phone: _____ Email: _____

Mailing Address: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

IN THE WITNESS WHEREOF, the parties have executed this Agreement on the date written.

STATE OF NEW YORK
COUNTY OF ONONDAGA)

IN THE WITNESS WHEREOF, the parties have executed this Agreement on the date written.

STATE OF NEW YORK
COUNTY OF ONONDAGA)

On this, the ____ day of _____, 20____, before me a Notary Public/Commissioner of Deeds, the undersigned officer, personally came _____, to me known or satisfactorily proven, to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein.

On this, the ____ day of _____, 20____, before me a Notary Public/Commissioner of Deeds, the undersigned officer, personally came _____, to me known or satisfactorily proven, to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein.

Notary Public - Comm Exp ___/___/___

Notary Public - Comm Exp ___/___/___

Direct Withdrawal of Monthly Payments

I/We, the undersigned, hereby authorize the Onondaga County Department of Real Property Tax Services to debit entries from my/our account held at the financial institution (e.g. bank, credit union) indicated every month for a period of twenty-four (24) months beginning the month following the inception of this agreement. I/We understand that this authorization will remain in effect for the full twenty-four (24) month period and that if the balance is paid in full before the withdrawal period is over, I/we must notify the Department of Real Property Tax Services to discontinue payments **10 days prior to the withdrawal date**. I/We understand that, should funds not be available in the designated account on the designated due date, it will be the responsibility of the parcel owner to ensure payment in a timely fashion, to avoid further interest or penalties.

Financial Institution: _____ City: _____ State: _____ Zip: _____

Account Type: Checking Savings Money Market (Attach a voided check or letter from Depository with account details)

Routing Number: _____ / Account Number: _____

Monthly Withdrawal Date: 15th 25th / Amount: \$ _____ USD / Period: _____ to _____

Account Holder: _____ Account Holder: _____

Signature: _____ Signature: _____

If you do not wish to set up direct withdrawal of monthly payments, initial here _____