



CITY PAYMENT CENTER

A BUREAU OF THE DEPARTMENT OF FINANCE
CITY OF SYRACUSE, MAYOR SHARON F. OWENS

This is an application for a TAX TRUST AGREEMENT ("Agreement") between you, the property owner, and the City of Syracuse, for the installment repayment of delinquent property taxes. Please complete the application on the following page in full and return it to:

Diane Nastri
Interim Commissioner

Finance Department, City Payment Center, Room 122 City Hall, Syracuse, NY 13202

Veronica H. Voss
Deputy Commissioner

Upon execution of the Agreement, the following payments are required:

1. All current property taxes and water bills due to date.
2. All fines, fees, or penalties relative to code violations must be paid in full.
3. All taxes, water bills, code violation fines, fees, or penalties for all additional properties must be paid current.
4. Any outstanding parking tickets and judgments owed to the City of Syracuse must be paid.
5. The 1st monthly installment payment.
6. Down payment (if required by the Commissioner of Finance)

A decision regarding applications for owner-occupied properties will be made within 30 days. Non-owner-occupied property applications are subject to additional reviews by a special committee, which will convene monthly. If approved, you will be provided with the specific payment amounts required for the Agreement. Unless further advised, these figures on your delinquent taxes will be valid until the 6th day of the ensuing month, when interest charges increase. Please indicate on your application the approximate date you will be able to sign the Agreement and make the required payments so we can provide you with the correct payment amount. We will contact you upon approval of your application to make an appointment for you to sign the Agreement and make the required payments. You must execute the Agreement within 30 days of approval or your application becomes void.

The following are the requirements for property owners entering into a Tax Trust Agreement:

1. All current property taxes are paid in a timely manner. Failure to keep current property taxes up to date will cause the Agreement to be in default.
2. Monthly installment (Tax Trust) payments must be paid in a timely manner. Failure to do so will cause the Agreement to be in default.
3. Other properties owned by the applicant must be current in their taxes, water bills and be free of any code violations.
4. Subject property must not have been transferred within one year of the application for tax trust.
5. If the property owner is deceased, you must provide an affidavit from an attorney illustrating that the property is in an estate and that the applicant is the named beneficiary of the subject property.

City Payment Center
233 E. Washington St
City Hall, Room 122
Syracuse, N.Y. 13202

Office 315 448 8310
Fax 315 471 6024

www.syr.gov

The owner of a Tax Trust Agreement that has been defaulted may be allowed to reapply ONE TIME ONLY so long as it is 6 months or longer after default.

Upon default, the subject property will be returned to the delinquent tax file. Any payments made into a defaulted Tax Trust account will be applied to any unpaid taxes and/or water account as appropriate.

The Tax Trust Agreement will be charged an interest rate based on the interest rate charged by New York State for past due income taxes. Effective April 1, 2025, that interest rate is 9.5%. Individual, owner-occupied applicants will receive a 1% discount on this rate; non-owner-occupied properties will pay a 1% premium. Your rate will be the rate in effect at the time of your Trust closing and will remain fixed at that percentage for the length of your Agreement. The maximum term for a Tax Trust is 60 months.



**CITY OF SYRACUSE
TAX TRUST APPLICATION**
(TO BE FILLED OUT IN FULL)

NAME OF OWNER(S): _____

APPLICANT (IF DIFFERENT): _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

PROPERTY ADDRESS FOR TAX TRUST (PLEASE LIST): _____

ADDRESSES OF ALL OTHER PROPERTIES OWNED (PERSONALLY OR AS A BUSINESS ENTITY) (PLEASE LIST):

HAVE YOU HAD A TAX TRUST BEFORE: _____ (YES / NO)

PREFERRED DATE TO EXECUTE AGREEMENT: _____

I, _____, certify that the above information is complete and accurate to the best of my knowledge.

APPLICANT SIGNATURE: _____ DATE: _____

CITY USE ONLY

WATER BILLS: _____ LENGTH OF OWNERSHIP: _____

CODE VIOLATIONS: _____ OTHER PROPERTIES:

PARKING TICKETS: _____ JUDGMENTS:

BUCUSO: _____

APPROVAL BY DEPUTY COMMISSIONER (DATE): _____

DENIAL BY COMMISSIONER (DATE): _____

SENT TO COMMITTEE: YES / NO DATE: _____

APPROVED BY COMMITTEE: YES / NO DATE: _____

GROWTH. DIVERSITY. OPPORTUNITY FOR ALL.