

## Owner Occupied Payment Agreement (OOPA) Application

The OOPA program allows people who own and live in their home to make affordable monthly payments on property taxes that are past due. There is **no down payment required** and your monthly payments will be based on a percentage of your monthly income.

Everyone must complete pages 1-4 of this application. You may need to complete additional worksheets. These worksheets can be found at [www.phila.gov/oopa](http://www.phila.gov/oopa) under "forms" or call (215) 686-6442.

### 1 Do you live in the property?

YES  NO



If you answered **no** to this question, you do not qualify for OOPA. The OOPA program is only for people who own and live in their home. You may still qualify for a Standard Payment Agreement. Visit [www.phila.gov/payment-plans](http://www.phila.gov/payment-plans) for more details.



If you have a reverse mortgage, please reach out to your lender *before* signing this agreement. Once you understand the repayment terms of your agreement, contact your lender to make sure they will accept them.

### 2 Applicant Information

Applicant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Property Address \_\_\_\_\_

OPA Account Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Birth Date \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

### Section 2 - Document Check List

#### Ownership and ID (provide one)

- Photo ID issued by the U.S. Federal Government, or Commonwealth of Pennsylvania, or City of Philadelphia

#### Residency (provide two showing current address)

- Utility Bills (PECO, PGW, PWD), or
- Photo ID issued by the U.S. Federal Government, Commonwealth of Pennsylvania or City of Philadelphia, or
- Social Security (SSA, SSDI, SSI) award letters

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## Owner Occupied Payment Agreement (OOPA) Application



### 3 A. Additional Application Information

Please answer yes or no to the following questions. You may need to provide more information based on your answers.

YES  NO  Is your name on the deed of your home?

YES  NO  Is your name on the property tax bill?

✔ If you answered **no** to any of these questions, you must complete the **Tangled Title Worksheet** found at [www.phila.gov/oopa](http://www.phila.gov/oopa) under "forms" or call (215) 686-6442.

**What is a tangled title?** A tangled title is when you have an ownership interest in a home, but are not named on the deed. For example you may reside in the home of a deceased homeowner or you may be in a rent-to-own lease. If you are unsure if you have a tangled title, ask a Revenue representative or a housing counselor.

YES  NO  Do you have a permanent disability?

YES  NO  Is your spouse deceased?

If you answered **yes** to any of these questions, please provide additional documents:

✔ **Disability (need one)**

- SSDI/VA/Black Lung award letter, *or*
- Physicians Statement proving disability, use the **Disability Verification Form** found at [www.phila.gov/oopa](http://www.phila.gov/oopa) under "forms" or call (215) 686-6442.

✔ **Widowhood**

- Copy of death certificate of spouse

YES  NO  Do you have a reverse mortgage?

⚠ This payment agreement may be in violation of your reverse mortgage contract. We encourage you to speak to a free housing counselor before you sign your agreement. Please complete section 3B to speak to a housing counselor. You should also reach out to your mortgage lender.

### 3 B. Do you want free housing counseling?

It may be helpful to talk to a free housing counselor before you sign your payment agreement so that you enter the best plan for you. A housing counselor can also help you apply for a Homestead Exemption to reduce your yearly tax bill. You may also be eligible for free legal help.

**Would you like to be referred to free housing counseling?**

YES  NO

If you answered **YES**:

**What is the best number to reach you?** \_\_\_\_\_

**What is the best time to call you?** MORNING  AFTERNOON  EVENING

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Application**



**4 A. Household Income - all applicants**

Please use the worksheet below and enter the monthly household income:

| INCOME SOURCE                                     | APPLICANT | SPOUSE | HOUSEHOLD MEMBERS | TOTAL |
|---|-----------|--------|-------------------|-------|
| Social Security Benefits (include SSI, SSD, etc.) |           |        |                   |       |
| Take-Home (net) Pay                               |           |        |                   |       |
| Pension   |           |        |                   |       |
| Unemployment Compensation                         |           |        |                   |       |
| Worker's Compensation                             |           |        |                   |       |
| Net Self-Employment Income                        |           |        |                   |       |
| Net Rental Income                                 |           |        |                   |       |
| Other   |           |        |                   |       |
| Other   |           |        |                   |       |
| <b>TOTALS</b>                                     |           |        |                   | \$    |

**Section 4 - Document Checklist**

You will need to provide proof of income. Please provide all that apply to you.

- Pay stubs from current employer
- W-2 or state/federal tax return
- Social Security (SSA, SSDI, SSI) award letters
- Pension statements
- Unemployment/Workers compensation statements or award letters
- Other documentation as needed

**4 B. Household Income - Applicants with no income to report**

Check this box if you have no monthly income.

**You must complete the Zero Income Worksheet** found at [www.phila.gov/oopa](http://www.phila.gov/oopa) under "forms" or call (215) 686-6442.

**5 Including current year taxes in your OOPA**

If the Department of Revenue determines you are eligible, it will automatically include current-year taxes in your agreement AND apply payments to current-year taxes first.

I do not want to include current year taxes in my OOPA. If you opt-out, you MUST pay your current year taxes in addition to your OOPA. If you do not pay, you will breach your agreement.

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### 6 How should we calculate your monthly payment?

- Monthly payment based on a percentage of your income.** This is usually the most affordable option and no additional documents are required.
- Monthly payment based on an individualized review of your income and expenses.** This option requires that you disclose information on your monthly expenses in addition to your monthly income. We reserve the right to disallow expenses that are not reasonable and necessary.
- You must complete Section 4A on page 2, and the Monthly Expenses Worksheet** found at [www.phila.gov/oopa](http://www.phila.gov/oopa) under "forms" or call (215) 686-6442. Please provide documentation verifying each expense.

### 7 Should we contact anyone else about this application?

- Check here if you are working with someone to complete this application. If checked, please provide their name and contact information:

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- No. I am not working with anyone.

### 8 Signature

The Department of Revenue will also use this application to enroll you in the Homestead Exemption program if you do not already have it. The Homestead Exemption can save you money on your property taxes. If needed, the City will make its best efforts to contact OOPA applicants and participants. This may include letters, phone calls, emails, or SMS (text) messages.

I have reviewed all the information on this form, and on any accompanying statements or forms. This information is true and correct to the best of my knowledge, information and belief.

Applicant Signature

Date

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Applicant printed name

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Email Completed forms to: **revenue.payment.agreement@phila.gov**

**or return by mail:**

City of Philadelphia  
Department of Revenue, Taxpayer Services  
P.O. Box 53250  
Philadelphia, PA 19105

**or return in person:**

**Municipal Services Building**  
Department of Revenue  
1401 John F. Kennedy Blvd—Concourse  
Philadelphia, PA 19102

**Hope Plaza**  
N. 22nd & W. Somerset St.  
Philadelphia, PA 19132

**Northeast Municipal Services Center**  
7522 Castor Ave.  
Philadelphia, PA 19152

## Owner Occupied Payment Agreement (OOPA) Tangled Title Supplement



You should complete this form if your name is not on the deed to the home you live in, but you have a legal interest in the property.

You must submit supporting documentation with this form. Please see the other side of this sheet for more details.

### Affirmation of ownership interest

I, \_\_\_\_\_, hereby make the following statements of fact subject to the penalties of 18 Pa.C.S. § 4909 relating to unsworn falsification to authorities, that to the best of my knowledge, information, and belief:

1. I currently reside at \_\_\_\_\_, Philadelphia, Pennsylvania ("the property").
2. I have resided at this address for \_\_\_\_ years and \_\_\_\_ months.  
I have not moved or maintained a primary residence at any other address during this timeframe.
3. I have an ownership interest in the property because (check any that apply):

**I inherited the property** from (name of previous property owner):

Their relationship to me is:

I inherited the property in this month and year  
(usually when the owner on the current deed died):

**I purchased the property** from (name of previous property owner):

This purchase was through a rent-to-own agreement in this month and year:

**I have some other ownership claim** which I describe further here:

### Signature

- I intend to take all reasonable efforts to obtain a deed to the property within the next 3 years.
- I have attached supporting documentation (see the other side of this form for more information)

I declare that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Attach completed form and documentation to your OOPA Application

Contact (215) 686-6442 with questions about this form.

## Owner Occupied Payment Agreement (OOPA) Tangled Title Supplement—Required Documentation

### Document Check List

If your name is not on the deed to your property but you believe that you have an ownership interest in the property, you must submit one of the pieces of documentation listed below.

You can submit multiple documents from the list below to show your ownership interest in the property. For example, if your mother entered into a rent-to-own agreement with the property owner and your mother has passed way, you can provide documentation proving the rent-to-own agreement) and documentation proving your relationship with your mother.

- Proof showing that you lived in the property at least 14 years ago.

If you were the owner listed on the deed but a fraudulent deed was recorded taking title out of your name:

- A police report that you have filed for the fraudulent deed (“property theft”), or
- Proof of court action (e.g., a “complaint”) that has been filed in court to get rid of the fraudulent deed.

- If your relative was the owner listed on the deed (the “original owner”) but a fraudulent deed was recorded taking title out of the original owner’s name:

- The deed where the original owner got title AND the death certificate of the original owner AND documentation from one of the categories listed below (numbers 4 through 10) showing your connection to the original owner, or
- A police report that you have filed for the fraudulent deed (“property theft”) AND documentation from one of the categories listed below (numbers 4 through 10) showing your connection to the original owner, or
- Proof of court action (e.g., a “complaint”) that has been filed in court to get rid of the fraudulent deed.

- A deed that puts title into your name that is notarized, but which has not been recorded at the Recorder of Deeds.

- A divorce decree, or other family court order, that gives you title to the property.

- Letters Testamentary or Letters of Administration that name you as the executor/administrator of the property owner’s estate – either a certified copy or a copy with the Register of Wills’ seal on it.

The property owner’s death certificate AND a

- marriage certificate that shows that you and the property owner were married – either certified copies or copies with the Pennsylvania Department of Health’s seal on it.

- The property owner’s death certificate AND your birth certificate that lists the property owner as your mother or father – either certified copies or copies with the Pennsylvania Department of Health’s seal on it.

The property owner’s will that leaves the property to you AND the property owner’s death certificate (the death certificate must be either a certified copy or a copy with the Pennsylvania Department of Health’s seal on it). If the property owner’s will leaves the property to someone else, and that other person then left a will leaving the property to you, you should provide wills and death certificates for both people.

- A rent-to-own agreement (AKA lease/purchase agreement or installment land contract) signed by the property owner AND documentation showing that you have made payments to the property owner in at least 3 different months.

- A letter from an attorney who is helping you get title to the property – The letter should be on the law firm’s letterhead; explain the facts and your legal claim to the property; state that the attorney is representing you to help you obtain title; state that the attorney will notify the City if he/she stops representing you; and include the attorney’s Pennsylvania attorney identification number.

- A letter from a legal services agency that is helping you get title to the property – The letter should be on the agency’s letterhead; explain the facts and your legal claim to the property; state that the agency is looking for an attorney to help you obtain title; state that the agency will notify the City if it is not able to find an attorney to help you; and include the Pennsylvania attorney identification number for an attorney at the agency.

## Owner Occupied Payment Agreement (OOPA) Expenses Supplement



CITY OF PHILADELPHIA  
DEPARTMENT OF REVENUE

This form is ONLY to be used if you want a payment agreement based on a comparison of your income and expenses.

You must disclose your household income and how you spend your money in a month. We reserve the right to disallow expenses that are not reasonable and necessary. Any extra money in your budget must be paid to property taxes.

### 1 Applicant Information

Applicant Name \_\_\_\_\_

OPA Account Number \_\_\_\_\_

### 2 Household Expenses

Please use the worksheet below and enter average monthly household expenses:

| HOUSING EXPENSES            | AMOUNT | LIVING EXPENSES                               | AMOUNT | LIVING EXPENSES  | AMOUNT |
|-----------------------------|--------|---|--------|--|--------|
| First Mortgage              |        | Telephone                                     |        | Car Loan   |        |
| Second Mortgage             |        | Groceries (exclude Food Stamps)               |        | Car Insurance  |        |
| Current Year Property Taxes |        | Clothing                                      |        | Car Maintenance (oil changes, repairs)                 |        |
| Homeowner's Insurance       |        | Laundry                                       |        | Transportation (gas, SEPTA)                            |        |
| Electric Service            |        | Toiletries and Paper Goods                    |        | Child Support / Alimony                                |        |
| Gas Service                 |        | Housing Allowance (People in the home x \$40) |        | Tithe/Religious Donation (not more than 10% of income) |        |
| Water / Sewer Service       |        | Other Household Goods                         |        | Life Insurance   |        |
| Oil Service                 |        | Medical and Dental Expenses                   |        | Other  |        |
| Home Maintenance            |        | Medical and Dental Insurance                  |        | Other  |        |
| Child Support/ Alimony      |        | Prescriptions                                 |        | Other  |        |
| <b>HOUSING SUBTOTAL</b>     |        | <b>LIVING EXPENSES SUBTOTAL</b>               |        | <b>LIVING EXPENSES SUBTOTAL</b>                        |        |

**TOTAL OF ALL EXPENSES**

Continue to next page...



# Owner Occupied Payment Agreement (OOPA) Expenses Supplement



### 3 Calculate

Subtract expenses from your income to calculate tax payment amount

|   |   |
|---|---|
| A. Total Household Income (from page 2 of OOPA application) |   |
| B. Total Household Expenses (from previous page)            | - |
| C. Amount available for monthly Real Estate tax payment     |   |

### 4 Signature

I declare that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge, information, and belief.

|                          |      |
|--------------------------|------|
| Applicant's Signature    | Date |
| Applicant's Printed Name |      |
| OPA Account Number       |      |

### ✓ Attach completed form and documentation to your OOPA Application

Contact (215) 686-6442 with questions about this form.



**Owner Occupied Payment Agreement (OOPA)  
Zero Income Supplement**



This form is ONLY to be used if you have no monthly income.

**1 Applicant Information**

Applicant Name

OPA Account Number

**2 Affirmation of Zero Income**

I affirm that I have no income at this time. When my income commences, I will immediately notify the City of Philadelphia Department of Revenue.

The information I have provided is true and complete to the best of my knowledge.

Applicant's Signature

Date

Applicant's printed name

**! Notice**

**Section 19-1305 of the Philadelphia Municipal Code states:** No person shall intentionally make any false statement when applying to enter into an installment payment agreement. If it is determined that a taxpayer entered into an installment payment agreement on the basis of an intentionally false statement, the agreement shall be null and void.

**✓ Attach completed form to your OOPA Application**

Contact (215) 686-6442 with questions about this form.

**Owner Occupied Payment Agreement (OOPA)  
Disability Verification Form -  
Physician's Statement of Permanent and Total**



A claimant not covered under the federal Social Security Act or the federal Railroad Retirement Act who is unable to submit proof of permanent and total disability may submit this Physician's Statement. The physician must determine the claimant's status using the same standards used for determining permanent and total disability under the federal Social Security Act or the federal Railroad Retirement Act. CAUTION: If the claimant applied for Social Security disability benefits and the Social Security Administration did not rule in the claimant's favor, the claimant is not eligible for an OOPA based on a disability, but may meet income eligibility limits.

**Do not submit medical records unless requested by the Philadelphia Department of Revenue.**

**Confidentiality Statement.** All information on this Physician's Statement and claim form is confidential. The department shall only use this information for the purposes of determining the claimant's eligibility for an Owner Occupied Payment Agreement.

## 1 Applicant Information

Applicant Name

OPA Account Number

## 2 Physician's Certification

I certify the claimant named above is my patient and is permanently and totally disabled under the standards that the federal Social Security Act or the federal Railroad Retirement Act requires for determining permanent and total disability. Upon request from the Philadelphia Department of Revenue, I will provide the medical reports or records indicating diagnosis and prognosis of the claimant's condition, including signs, symptoms and laboratory findings, if applicable or appropriate.

Physician's Signature

Date

## 3 Description of Disability

Describe the Claimant's Permanent and Total Disability. Briefly describe the reason(s) the above-named claimant is totally and permanently disabled.

## 4 Physician Identification Information

Name

National Provider Identifier

Business name, if applicable

Address

City

State

Zip code

Office email address

Office telephone

## Attach completed form to your OOPA Application

Contact (215) 686-6442 with questions about this form.