

**APPLICATION FOR PROPERTY TAX ABATEMENT
BECAUSE OF POVERTY AND/OR HARDSHIP
TOWN/CITY OF _____ (Under 36
M.R.S.A. § 841)**

Note: Information provided on this application is confidential pursuant to Maine law

A. INFORMATION REGARDING APPLICANT

1. Full name of applicant: _____
2. Marital status: Married ____, Divorced ____, Widowed ____, Separated ____, Single ____
3. A. Mailing address: _____

- B. Residence: _____
4. Phone number: _____
5. Date of birth: _____
6. Social Security number: _____
7. Are you or your spouse a disabled veteran? Yes ____ No ____

7a. Are ____you or ____your spouse disabled? If so, please indicate the nature of the disability and attach supporting documentation (e.g., social security administration determination, doctor's note, veterans' or department of defense documentation)

B. INFORMATION REGARDING OTHER MEMBERS OF THE HOUSEHOLD

8. If married, full name of spouse: _____
(Note: If in a domestic partnership, please provide information regarding domestic partner for all spouse-related questions.)

Spouse's date of birth: _____

9. Spouse's Social Security number: _____

10. Children, from all marriages, residing in the household, or for whom the applicant is legally responsible:

Full Name	Birth Date	Residence	Occupation

11. Other members of the household:

Full Name	Birth Date	Relation to Applicant	Occupation

C. INFORMATION REGARDING PROPERTY

12. Location of the property for which you are requesting a tax abatement:

13. Approximate acreage: _____

14. Purchase date: _____

15. How much equity do you have in the property? _____

16. Property use: Residence _____, Business _____, Rental _____

16 a. Is this your primary residence? Yes _____ No _____

17. Year(s) for which an abatement is requested: _____

D. OTHER INFORMATION

18. Have you initiated bankruptcy proceedings during any of the years for which an abatement is requested? _____

19. Has any of your property been attached or seized under legal proceedings? _____
If yes, identify the legal proceedings, the property involved, and the present status of the case. _____

20. Are there any liens upon your property at this time? _____ If yes, please detail.

21. During any of the years for which abatement is requested, and the 2 years prior, have you or your spouse done any of the following?

a) Placed anything of value in which you have an interest in the hands of a third person? _____
If yes, describe the value and circumstances of the transfer. _____

What is your current interest in the property? _____

b) Made any assignment of any property for the benefit of your creditors? _____
If yes, give the date, name and address of assignee, and terms of assignment.

c) Made any gifts, other than usual presents, to family members? _____
If yes, give name and address of recipient and value of gift: _____

Was the gift conditional? If yes, describe the conditions _____

For each year abatement is requested, you must submit:

* A supplementary questionnaire.

* A photocopy of your federal and state income tax returns, all schedules, and, if applicable, your spouse's.

*A photocopy of W-2 form(s) for yourself and, if applicable, your spouse.

**SUPPLEMENTARY QUESTIONNAIRE
TOWN/CITY OF _____**

**APPLICATION FOR PROPERTY TAX ABATEMENT
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Complete a separate supplementary questionnaire for each year for which abatement is requested.

22. Year for which abatement is requested: _____
23. Property valuation: _____
(This information is on your tax bill.)
24. Property tax amount: _____
25. Unpaid tax balance: _____
26. Amount of property tax abatement requested, if different from unpaid tax balance: _____

E. EMPLOYMENT INFORMATION

	Applicant	Spouse
Trade or occupation		
Employer		
Employer address		
Employment dates		
If unemployed, why?		

E. ASSET INFORMATION

27. Were you granted general assistance in the year for which abatement is requested?
 _____ If yes, amount: _____

28. List all other real estate owned by you or other members of your household:

Description of Property	Location	Acres	Assessed Value

29. List all checking accounts, savings accounts, safe deposit boxes, etc. you maintained alone or with someone else in the year for which abatement is requested.

	Name of Bank	Average Monthly Balance
Checking Accounts		
Savings Accounts		
Safe deposit box		
Other (CDs, savings bonds, trust funds, etc.)		

30. List all life insurance policies in effect for the year in which abatement is requested.

Company and Address	Face Amount	Current Value

31. List all other assets, such as motor vehicles, recreation vehicles, and machinery, etc., other than household furnishings.

Description	Date Acquired	Current Value

32. Did you apply for and receive a state property tax rebate under the Maine Residents Property Tax Program (the “Circuit Breaker” Program)? _____ If yes, amount of rebate: _____

33. List monthly (or average monthly) income from **all** sources, for **all** members of the household: (submit proof)

	Yes	No	Monthly Amount
TANF			
Supplemental Security Income (SSI)			
Social Security Benefits			
Veteran's benefits			
Wages			
Unemployment compensation			
Worker's compensation			
Medicaid			
Business income			
Other income (child support, alimony interest insurance proceeds, income from relatives, renters, etc.)			

Total *monthly* income from all sources: _____

Total *yearly* income from all sources: _____

G. LIABILITY INFORMATION

34. Estimated monthly needs:

(Note: If some of the expenses listed below are paid once a year, divide that amount by 12 to get the monthly amount. Similarly, if expenses are paid twice a year, divide the amount by 6 to get the monthly amount.)

Food	\$
Household Supplies (paper towels, detergent, etc.)	\$
Personal Supplies (soap, toothpaste, etc.)	\$
Medications (non-prescription)	\$
Other Medication	\$
Medical Insurance	\$
Dental Costs	\$
Life and other Insurance	\$
Clothing	\$

Shelter:

Mortgage Payment	\$
Property Tax	\$
Trailer Lot Rent	\$
Heating Fuel	\$
Electricity	\$
Gas	\$
Telephone	\$
Water	\$
Sewage	\$
Homeowner's Insurance	\$
Trash Removal	\$
Home Repairs	\$

Transportation:

Automobile Payments	\$
Automobile Insurance	\$
Automobile Excise Tax and Registration	\$
Driver's License Fee	\$
Automobile Repairs	\$
Transportation Costs (gas, oil, etc. for other than driving to and from work)	\$

Work-Related Expenses:

Transportation cost to and from work	\$
Cost of special equipment	\$
Cost of special clothing	\$
Cost of lunch or dinner at work	\$
Child care costs	\$
Other: Installment payments: (specify to whom)	\$

35. List all debts.

Creditor's Name:	Total Amount Owed
	\$
	\$
	\$

Application for Abatement of Local Property Tax

To the Municipal Officers for the Municipality of _____
(Name of city or town where you are applying)

In accordance with the provisions of 36 M.R.S.A. §841, I am applying in writing for abatement of my property taxes as noted above. The above statements are true to the best of my knowledge and belief.

Dated: _____

APPLICANT _____

A decision on this application must be made by the _____
within 30 days, in accordance with 36 M.R.S.A. §841. If you are aggrieved by the
decision of the municipal officers, you may appeal the decision to the
_____ within 60 days.