

**APPLICATION FOR PROPERTY TAX ABATEMENT
BECAUSE OF POVERTY AND/OR DISABILITY
TOWN OF NORTHPORT**

A. INFORMATION REGARDING APPLICANT:

1. Full Name of Applicant: _____
2. Marital Status: Married Divorced Widow Widower Separated Single
3. Mailing Address: _____
4. Residence Address: _____
5. Phone Number: _____
6. Date of Birth: _____
7. Social Security Number: _____

B. INFORMATION REGARDING OTHER MEMBERS OF THE HOUSEHOLD

1. If Married Full Name of Spouse: _____
2. Spouse's Date of Birth: _____
3. Spouse's Social Security Number: _____
4. Children residing in the household, or for whom the applicant is legally responsible:

Full Name	Date of Birth	Residence	Occupation

5. Other members of the household:

Full Name	Date of Birth	Residence	Occupation

C. INFORMATION REGARDING THE PROPERTY

1. **Location and description of the property** for which you are requesting a Tax Abatement:

2. Approximate Acreage: _____
3. Date of purchase: _____
4. How much **Equity** do you have in the property: _____
5. Property use: Residence Business Rental
6. Year(s) for which abatement is requested: _____

D. OTHER INFORMATION

1. Have you initiated Bankruptcy Proceedings during any of the years for which abatement is requested? _____ If yes, explain:

2. 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:

3. Are there any liens upon your property at this time? ___ If yes, please detail:

4. During any of the years for which an abatement is requested, and the two (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 the assignee and full terms of the assignment: _____

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

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

For each year an abatement is requested, you must submit:

- *A supplementary questionnaire*
- *A photocopy of your Federal and State Income Tax Returns, and all Schedules, and, if applicable, your Spouse's; and a photocopy of all Federal and State Tax Returns and Schedules, for all Corporations and Companies for which you are an Owner, an Office, or a Majority Stockholder.*
- *A photocopy of W-2 Forms for yourself and, if applicable, your spouse.*

**SUPPLIMENTARY QUESTIONNAIRE
APPLICATION FOR PROPERTY TAX ABATEMENT
BECAUSE OF POVERTY AND/OR DISABILITY
TOWN OF NORTHPORT**

Complete a SEPARATE QUESTIONNAIRE for each year for which an abatement is requested

1. Year for which an abatement is requested: _____
2. Property Valuation: _____
3. Property Tax Amount: _____
4. Unpaid Tax Balance: _____

A. EMPLOYMENT INFORMATION

	Applicant	Spouse
Trade or Occupation		
Employer		
Employers Address		
Employment Dates		
If Unemployed, why?		

If unemployment was or is due to illness or disability, attach a current physicians statement describing the type and length of illness or disability.

B. ASSET INFORMATION

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

Description of Property	Location	Acres	Assessed Value

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

Type	Name of Bank/Broker, etc.	Average monthly balance

3. List all Life Insurance policies in effect for the year in which an abatement is requested.

Company and address	Face amount	Current value

B. ASSET INFORMATION CONT'D.

4. List all cash owned by you or being held for you, and all other assets, such as motor vehicles, recreational vehicles, machinery, etc., other than household furnishings:

Description	Date Acquired	Current value

5. Did you apply for and receive a state property tax rebate under the Maine Residents Property Tax Program? If yes, amount of rebate: _____

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

Type	Yes	No	Monthly Amount
SSI Disability			
TANF/AFDC			
SSI Retirement			
Veteran's Benefits			
Wages, salaries, bonuses			
Unemployment Compensation			
Workers Compensation			
Medicaid			
Business Income			
Other			
Other			
Other			

Total Monthly Income from **ALL** sources: _____

Total Annual Income from **ALL** sources: _____

C. LIABILITY INFORMATION

1. Expenses:

Expenses	Actual Monthly Expense	Allowed by General Assistance
Mortgage Principal & Interest		
House Insurance		
Property Taxes		
Heat		
Electricity		
Water		
Sewer		
Cooking Fuel		
Telephone		
Food		
Clothing		
Personal Supplies		
Medications		
Medical/Dental		
Life Insurance		
Health Insurance		
Necessary Transportation		
Loan Payments		
Child Care		
Other		
Other		

Total Monthly Expenses: _____
Total Annual Expenses: _____

2. Debts:

Creditor Name & Address	Purpose of Loan	Date Debt Incurred

Abatements for poverty and/or infirmity may be granted if the Municipal Officers determine that you were unable to pay your taxes or contribute to the public charge in the year for which you are applying for abatement. In your own words, state below your reasons for requesting this abatement and why you feel you qualify for a property tax abatement.

I understand that my signature on this application shall serve as authorization for the Town or its designee(s) to investigate the information contained in the application and supplementary questionnaire and any and all other information pertinent to its making a determination on this application. I further authorize the Town or its designee(s) to have access to certain records, be they confidential or not, including but not limited to financial institutions, Internal Revenue Service records, Maine Revenue Services records, medical records and reports, hospital records and reports, Veterans Administration records and reports, Department of Human Services records and reports, and insurance records.
I hereby certify that all of the information in this application and supplementary questionnaire(s) is true to the best of my knowledge and belief.

Date: _____
Signature of Applicant

Date: _____
Signature of Spouse

Subscribed and sworn to before me this _____ day of _____, _____

Date: _____
Notary Public

Date: _____
Signature of local Assessors Agent

Date: _____
Signature of Local Welfare Director

A decision on this application must be made by the Town within thirty (30) days, in accordance with 36 M.R.S.A., Section 841. If you are aggrieved by the decision of the Municipal Officers, you may appeal the decision to the Board of Waldo County Commissioners within sixty (60) days.

DECISION

___ The abatement requested is allowed in the amount of \$ _____

___ The abatement requested is denied because _____

Date: _____

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature