

**APPLICATION FOR ABATEMENT OF LOCAL
PROPERTY TAX (Under 36 M.R.S.A. §841)**

Name of Applicant: _____

Name of Spouse: _____

Address: _____

Phone No.: _____

City/Town of legal residence: _____

Marital Status:

Single _____ Widowed _____ Separated _____

Married _____ Divorced _____

List all household members, including you and your spouse:

_____	_____
_____	_____
_____	_____
_____	_____

Are you or your spouse a disabled veteran? Yes _____ No _____

If either you or your spouse is disabled, write down who is disabled and describe the disability

Describe the real estate for which you need an abatement:

DESCRIPTION: (For example,
land and buildings at 4 North
St., or, land and buildings,
Map 24 Lot 12)

LOCATION:
(town)

**CURRENT ASSESSED
VALUE:**

(This information
is on your tax bill)

Mortgages or Encumbrances on this property: \$ _____

Lender: _____

Name or names on deed to this property: _____

Amount of property tax abatement requested: _____

(Write down the amount of the tax that you cannot pay. This can be either the whole amount of the tax, or just part of it.)

Reason for requesting abatement:

(For example, you don't have enough income to meet necessary expenses.)

List the amounts of family income from EVERY source, and write down whether this income is received weekly, monthly, or yearly:

- 1) Social Security Benefits \$ _____
- 2) Supplemental Security Income (SSI) \$ _____
- 3) Veteran's Pension \$ _____
- 4) Temporary Assistance for Needy Families (TANF) \$ _____
- 5) General Assistance from Town or City (if received regularly) \$ _____
- 6) Unemployment Compensation \$ _____
- 7) Net Income from Employment (after taxes) \$ _____
(Name of Employer _____)
- 8) Child Support Payments (if received regularly) \$ _____
- 9) Alimony (if received regularly) \$ _____

10) Income from Renters, Roomers or Boarders \$ _____

11) Educational Grants \$ _____

12) Other Retirement \$ _____

13) Annuity or Trust Fund \$ _____

14) Interest from Securities or Investments \$ _____

15) Gifts (occurring on a regular basis) \$ _____

Any other income \$ _____

ASSETS
(please list cash value)

1) Real estate other than your home \$ _____

2) Car (Make: _____ Year: _____) \$ _____

3) Valuable personal property \$ _____
(other than necessary household furnishings)
(Please specify _____)

4) Savings Account \$ _____

5) Stocks, Bonds \$ _____

6) Life Insurance \$ _____

7) Checking Account \$ _____

8) Cash on hand \$ _____

9) Other \$ _____

(Please specify _____)

OUTSTANDING INDEBTEDNESS:

Creditor's Name:

Total Amount Owed

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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.)

1) Food	\$ _____
2) Household Supplies (paper towels, detergent, etc.)	\$ _____
3) Personal Supplies (soap, toothpaste, etc.)	\$ _____
4) Medications (non-prescription)	\$ _____
5) Other Medication	\$ _____
6) Medical Insurance	\$ _____
7) Dental Costs	\$ _____
8) Life and other Insurance	\$ _____
9) Clothing	\$ _____

Shelter:

1) Mortgage Payment	\$ _____
2) Property Tax	\$ _____
3) Trailer Lot Rent	\$ _____
4) Heating Fuel	\$ _____

- 5) Electricity \$ _____
- 6) Gas \$ _____
- 7) Telephone \$ _____
- 8) Water \$ _____
- 9) Sewage \$ _____
- 10) Homeowner's Insurance \$ _____
- 11) Trash Removal \$ _____
- 12) Home Repairs \$ _____

Transportation:

- 1) Automobile Payments \$ _____
- 2) Automobile Insurance \$ _____
- 3) Automobile Excise Tax and Registration \$ _____
- 4) Driver's License Fee \$ _____
- 5) Automobile Repairs \$ _____
- 6) Transportation Cost \$ _____
(gas, oil, etc. for other than driving to and from work)

Work Related Expenses:

- 1) Transportation Cost to and from work \$ _____
- 2) Cost of special equipment \$ _____
- 3) Cost of special clothing \$ _____
- 4) Cost of lunch or dinner at work \$ _____
- 5) Child care costs \$ _____

Other:

Installment payments: \$ _____

(specify to whom _____)

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(2), 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