

TOWN OF DEXTER
APPLICATION FOR PROPERTY TAX ABATEMENT
DUE TO POVERTY AND/OR DISABILITY
(Under 36 M.R.S.A. §841)

Name of Applicant: _____

Name of Spouse: _____

Address: _____

Phone No.: _____

City/Town of legal residence: _____

Marital Status: Married ____, Widowed ____, Divorced ____, Separated ____, Single ____

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 are disabled, write down who is disabled and describe the disability:

Describe the real estate for which you need an abatement:

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

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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: _____

Year(s) for which abatement is requested: _____

Property Tax Amount for each year an abatement is requested: _____

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:

INCOME:

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 _____)

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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) \$ _____
16. Any other income \$ _____
(Please Specify _____)

ASSETS: (please list cash values)

Do you currently qualify for General Assistance? Yes ___ No ___

Did you qualify for General Assistance during the tax year for which the abatement is being requested? Yes ___ No ___

Did you apply for and receive a State property tax rebate under the Maine Residents Property Tax Program during the year (s) requesting abatement? If yes, amount received? \$ _____

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 _____) \$ _____

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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.)

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 Cost (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: _____ \$ _____

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OTHER INFORMATION:

1. Have you initiated bankruptcy proceedings during any of the years for which an abatement is requested? _____
2. Has any of your property been attached/seized under legal proceedings? _____

3. Are there any liens on the property a this time? _____
If yes, please provide details. _____

To the Municipal Officers for the Municipality of Dexter Maine;

I understand that my signature on this application shall serve as authorization for the Town officials to investigate the information contained in this application as well as any other information pertinent to a decision on the application. I further authorize Town officials to have access to certain records, be they confidential or not, including but not limited to, financial institutions, Internal Revenue Service records, Maine Department of Taxation records, medical records, hospital records, Veterans Administration records, Department of Health and Human Services records, and insurance records.

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

Date Application Received _____

Municipal Official Receiving Application _____

A decision on this application must be made by the **DEXTER TOWN COUNCIL** within 30 days, in accordance with 36 MRSA, section 841.

If you are aggrieved by the decision of the municipal officers, you may appeal the decision to the **APPEALS BOARD** within 60 days.

*NOTE: Your application must be accompanied by a photocopy of your Federal and State income tax returns for the **CURRENT** year and, if applicable, the **YEAR** **{S}** for which the abatement is being requested.*

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DECISION

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

_____ The abatement requested is denied because _____

The Dexter Town Council took action on this application on _____

FOR THE TOWN OF DEXTER

Shelley L. Watson
Town Manager

Date