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.

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 re	
Amount of property tax abatement requested: \$ the amount of the tax that you cannot pay. This can be just part of it.)	(Write down either the whole amount of the tax, or
Reason for requesting abatement: (For example, you desary expenses.)	
List the amounts of family income from EVERY sourceceived weekly, monthly, or yearly:	ce, and write down whether this income is
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)

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 \$
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 \$
5. Stocks, Bolids \$
6. Life Insurance \$
7. Checking Account \$
8. Cash on hand \$
9. Other (Please specify) \$

Creditor's Name:	Total Amount Owed
	- \$ \$
	0
	2
ESTIMATED MONTHLY NEEDS:	
(Note: If some of the expenses listed below are pai	d 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 5	
Heating Fuel \$	
Electricity \$	
Gas \$ Telephone \$	
Telephone \$	
Water \$	
Sewage \$	
Homeowner's Insurance \$	
Trash Removal \$	
Home Repairs \$	
Transportation:	
Automobile Payments \$	
Automobile Insurance \$	
Automobile Excise Tax and Registration \$	<u></u>
Driver's License Fee \$	
Automobile Repairs \$	
Transportation Cost (gas, oil, etc. for other than dr	iving to and from work) \$
Work-Related Expenses:	
Transportation Cost to and from work \$	 그런 '30 : 14 : 14 : 15 : 15 : 16 : 16 : 16 : 16 : 16 : 16
Cost of special equipment \$	
Cost of special clothing \$	
Cost of lunch or dinner at work \$	
Child care costs \$	
Other: \$	

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?
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

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

to the APPEALS BOARD within 60 days.