APPLICATION FOR ABATEMENT INABILITY TO PAY - HARDSHIP OR POVERTY (36 M.R.S. § 841)

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Answer all questions. You may be requested to supply additional data to support your request. An application must be submitted each year for which abatement is requested. Pursuant to 36 M.R.S. § 841(2)(C), the municipality will provide a written decision within 30 days from the date they receive your completed application. MUNICIPALITY: _____ 1. Your name:_____ 2. Address: 3. Location of your home:_____ 4. Phone number:_____ Is this your primary residence? Yes ___ No____ 5. Your date of birth: 6. Marital status: Single___ Married___ Separated___ Divorced ___ Widow/widower___ 7. Your family (Husband or wife and children; if none, enter your closest family member): NAME AGE ADDRESS RELATIONSHIP 8. Briefly explain where your income/support comes from: 9. Real estate owned by you and your spouse, in addition to your home: DESCRIPTION/LOCATION ASSESSOR'S VALUE \$_____ \$_____ \$_____ \$_____ 10. Mortgage or other debts you owe on this property: \$_____ 11. Total value of bank accounts in your name and, if married, \$_____ in your spouse's name:

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Current cash value of securities or insurance you own:	\$
13. Brief description and value of other personal property you	u own, including cash:
14. Amount of annuity or pension you receive each year:	\$
15. Total annual cash income of applicant, and if married, o	f husband and wife, exclusive of
annuity or pension of Item 14:	\$
16. Describe why you are requesting this abatement and why	vou feel vou qualify
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I hereby apply for abatement of property taxes in accordance	ce with 36 M R S 5 841 which
permits municipal officers to make such abatements as they	believe reasonable for reason of
hardship or poverty.	
Under penalties of perjury, I declare that I have examined thi	is application and, to the best of
my knowledge and belief, it is true, correct, and complete.	
Date	
Signature of Ap	oplicant
DO NOT WRITE BELOW THIS LINE	H.
Pr	operty Tax for Year
Approved By:	
Title:	

Revised 4/15

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