

**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<br>(paper towels, detergent, etc.) | \$ _____ |
| 3) Personal Supplies<br>(soap, toothpaste, etc.)         | \$ _____ |
| 4) Medications<br>(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

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(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: \_\_\_\_\_

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APPLICANT