

TOWN OF READFIELD

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

INSTRUCTIONS FOR COMPLETION OF FORM

The attached form is to be used when seeking abatement of property taxes by the Town of Readfield based on a claim of poverty. (If abatement is sought for reasons of being infirm you should supply a doctor's statement as to the extent of your disability.) Poverty only can be established if your reasonable expenses exceed any available sources of income. **An application for General Assistance is required to assist in determining eligibility for poverty abatements.** Please appear before the General Assistance Administrator or Designee to discuss your situation, complete the General Assistance application and certify that the information contained in this Poverty Abatement Application form is accurate. The Town may request additional documentation and proof of income, expenses, and assets from current and past years in order to determine eligibility.

If you feel you need help in completing this form please ask for the General Assistance Administrator or Designee, to help you.

NAME OF APPLICANT: _____

ADDRESS: _____

EMAIL ADDRESS: _____

LEGAL RESIDENCE: _____ **PHONE NO:** _____

MARITAL STATUS: Single ____ Widowed ____ Separated ____ Married ____ Divorced ____

LIST ALL HOUSEHOLD MEMBERS:

_____	_____
_____	_____
_____	_____
_____	_____

ARE YOU OR YOUR SPOUSE A DISABLED VETERAN? YES _____ NO _____

IF EITHER YOU OR YOUR SPOUSE IS DISABLED, INDICATE WHO IS DISABLED AND DESCRIBE THE DISABILITY:

DESCRIBE THE REAL ESTATE FOR WHICH YOU NEED AN ABATEMENT:

DESCRIPTION: (for example,
Land and building at 4 North St.,
Or, land and buildings, Map 24
Lot 12) (This information is on your tax bill)

LOCATION:
READFIELD

CURRENT ASSESSED VALUE:
LAND: _____
BUILDINGS: _____

MORTGAGES OR ENCUMBRANCES ON THIS PROPERTY: \$ _____

LENDER /LENDING INSTITUTE: _____

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 HOUSEHOLD INCOME FOR EVERY SOURCE RECEIVED IN A YEAR:

SOURCE:	Yearly Income
1. Social Security Benefits	\$ _____
2. Supplemental Security Income (SSI)	\$ _____
3. Veteran's Pension	\$ _____
4. Aid to Families with Dependent Children (AFDC)	\$ _____

5. General Assistance from Town or City \$ _____

6. Unemployment Compensation \$ _____

7. Net income from Employment (after taxes) \$ _____

7-A (Name of Employer & Telephone #): _____

8. Child Support Payments \$ _____

9. Alimony \$ _____

10. Income from Renters, Roomers or Boarders* \$ _____

*Because you are seeking an abatement of property taxes the Town of Readfield might require that if there is any unused, habitable space in your home, that you consider a boarder and include rent as income. If you have such space, and have not sought a boarder, reasonable income potential for such use may be assumed to be at \$600.00+/- a month on average.

12. Other Income (you must include all sources of income).

SOURCE:	Yearly amount
_____	\$ _____
_____	\$ _____

13. Average Income (The following will take place unless you are disabled: If all other sources of income do not at least equal what you would earn if you worked 40 hours in a week at minimum wage, the Town will average an income for you in that amount.

Average Income (Select Board use only) \$ _____

TOTAL OF ALL INCOME (Select Board use only) \$ _____

LIST THE VALUE OF ALL PHYSICAL ASSETS OWNED BY THE HOUSEHOLD:

Asset:	Estimated Value
1. Real Estate (not primary residence)	\$ _____
	\$ _____
2. Motor Vehicles (cars, trucks, motorcycles)	\$ _____
	\$ _____
	\$ _____

3. Recreational Vehicles (ATV, boat, RV, etc.)	\$ _____
	\$ _____
	\$ _____
4. Firearms	\$ _____
	\$ _____
	\$ _____
5. Sporting / outdoor equipment	\$ _____
	\$ _____
	\$ _____
	\$ _____
6. Bank accounts, investments	\$ _____
	\$ _____
	\$ _____
	\$ _____
7. Other Assets	\$ _____
	\$ _____
	\$ _____
TOTAL OF ALL PHYSICAL ASSETS	\$ _____

OUTSTANDING INDEBTEDNESS: (money owed, current account statements may be required)

Creditor's Name:	Total Amount Owed
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

ESTIMATED YEARLY EXPENSES: (If expenses are paid monthly multiply by 12 to obtain the yearly expense. Copies of receipts may be required to document expenses)

In reporting your yearly expenses, include any payments required to reduce outstanding debt. Also, your medical bills should be reported after deducting payments from Medicare and/or Medicaid. Because you have reported the value of food stamps as income, you should report the gross amount of yearly food costs. These costs will be checked for reasonableness.

	Yearly costs
1. Food	\$_____
2. Household supplies (paper towels, detergent, etc.)	\$_____
3. Personal supplies (soap, toothpaste, etc.)	\$_____
4. Medications	\$_____
5. Medical Insurance	\$_____
6. Dental Costs	\$_____
7. Life and other Insurance	\$_____

SHELTER:

	Yearly costs
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	\$_____

TRANSPORTATION:

	Yearly costs
1. Vehicle Payments	\$_____
2. Vehicle Insurance	\$_____

3. Vehicle Maintenance \$ _____

WORK RELATED EXPENSES:

Yearly costs

1. Transportation Costs to and from work \$ _____

2. Cost of special equipment \$ _____

3. Child care costs \$ _____

OTHER:

Yearly costs

Installment payments: (credit cards etc.) \$ _____

(Specify to whom _____)

TOTAL OF ALL PAYMENTS \$ _____

TOTAL OF ALL INCOME (from page three) \$ _____

To the Municipal Officers for the Municipality of Readfield.

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's Signature: _____

OFFICE USE ONLY

Date Application Received: _____

Date Reviewed by GA Administrator: _____

Date Additional Information Requested: _____

Date Additional Information Received: _____

Date of Completeness Determination: _____

Date of Select Board Review: _____

Eligibility Determination: _____