

**APPLICATION FOR PROPERTY TAX ABATEMENT
BECAUSE OF POVERTY AND/OR DISABILITY**

TOWN OF MOUNT DESERT

A. INFORMATION REGARDING APPLICANT

1. Full name of applicant:_____

2. Marital status: Married__ , Divorced __, Widow__ , Widower__, Separated__, Single__ .

3.a. Mailing address:_____

b. Residence:_____

4. Phone number:_____

5. Date of birth_____

6. Social security number_____

B. INFORMATION REGARDING OTHER MEMBERS OF THE HOUSEHOLD

7. If married, full name of Spouse:_____

8. Spouse's date of birth:_____

9. Spouse's Social Security number:_____

10. Children, from all marriages, residing in the household, or for whom the applicant is legally responsible:

Full Name	Birth Date	Residence	Occupation

11. Other members of the household:

Full Name	Birth Date	Relation to Applicant	Occupation

C. INFORMATION REGARDING PROPERTY

12. Location of the property for which you are requesting a tax abatement:

13. Approximate acreage:

14. Purchase date:_____

15. How much equity do you have in the property? _____

16. Property use: Residence ____, Business ____, Rental ____

17. Year(s) for which an abatement is requested:_____

D. OTHER INFORMATION

18. Have you initiated bankruptcy proceedings during any of the years for which an abatement is requested?_____

19. Has any of your property been attached or seized under legal proceedings?_____ If yes, identify the legal proceedings, the property involved, and the present status of the case.

20. Are there any liens upon your property at this time?_____ If yes, please detail.

21. During any of the years for which an abatement is requested, and the 2 years prior, have you or your spouse done any of the following?

a) Placed anything of value in which you have an interest in the hands of a third person? ____ If yes, describe the value and circumstances of the transfer.

What is your current interest in the property?

b) Made any assignment of any property for the benefit of your creditors? _____. If yes, give the date, name and address of assignee, and terms of assignment. _____

c) Made any gifts, other than usual presents, to family members? _____. If yes, give name and address of recipient and value of gift. _____

Was the gift conditional? If yes, describe the conditions. _____

For each year an abatement is requested, you must submit:

* A supplementary questionnaire.

* A photocopy of your federal and state income tax returns, all schedules, and, if applicable, your spouse's.

* A photocopy of W-2 form(s) for yourself and, if applicable, your spouse.

**SUPPLEMENTARY QUESTIONNAIRE
TOWN OF MOUNT DESERT**

**APPLICATION FOR PROPERTY TAX ABATEMENT
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Complete a separate questionnaire for each year for which an abatement is requested.

22. Year for which an abatement is requested:

23. Property valuation:

24. Property tax amount:

25. Unpaid tax balance:

E. EMPLOYMENT INFORMATION

	Applicant	Spouse
26. Trade or occupation		
27. Employer		
28. Employer address		
29. Employment dates		
30. If unemployed, why?		

If unemployment was or is due to illness or disability, attach a current physician's statement describing the type and length of illness or disability.

F. ASSET INFORMATION

31. Were you granted general assistance in the year for which an abatement is requested?

_____ If yes, amount: _____

32. List all other real estate owned by you or other members of your household:

Description of Property	Location	Acres	Assessed Value

33. List all checking accounts, savings accounts, safe deposit boxes, etc. you maintained alone or with someone else in the year for which an abatement is requested.

	Name of Bank	Average Monthly Balance
Checking Accounts		
Savings Accounts		
Safe deposit box		
Other		
(CDs, savings bonds, trust funds, etc.)		

34. List all life insurance policies in effect for the year in which an abatement is requested.

Company and Address	Face Amount	Current Value

35. List all other assets, such as motor vehicles, recreation vehicles, and machinery, etc., other than household furnishings.

Description	Date Acquired	Current Value

36. Did you apply for and receive a state property tax rebate under the Maine Residents Property Tax Program? _____ If yes, amount of rebate: _____

37. List monthly (or average monthly) income from **all** sources, for **all** members of the household: (submit proof)

	Yes	No	Monthly Amount
TANF			
SSI			
Social Security			
Veteran's benefits			
Wages			

Unemployment compensation			
Worker's compensation			
Medicaid			
Business income			
Other income (child support, alimony interest insurance proceeds, income from relatives, etc.)			

Total *monthly* income from all sources: _____

Total *yearly* income from all sources: _____

G. LIABILITY INFORMATION

38. Average monthly expenses:

	Actual	Allowed by General Assistance
Mortgage (principal and interest)		
House insurance		
Property taxes		
Heat		
Electricity		
Water		
Sewer		
Cooking Fuel		
Telephone		
Food		
Clothing		
Personal Supplies		
Prescriptions		
Medical/Dental		
Life insurance		
Medical insurance		
Necessary transportation		
Loan payments		
Child care		
Other		
TOTAL MONTHLY EXPENSES:		
TOTAL YEARLY EXPENSES:		

39. List all Debts

Name and Address	Purpose	Date Debt Incurred

40. Abatements for poverty and/or infirmity may be granted if the Board of Selectmen determines that you were unable to pay your taxes or contribute to the public charge in the year for which you are applying for an abatement. In your own words, state below your reasons for requesting this abatement, and why you feel you qualify for a property tax abatement.

SIGNATURES:

Date:

Town Assessor

Date:

Welfare Director

DECISION

Poverty Abatement Request

___The abatement requested is allowed in the amount of \$_____.

___The abatement requested is denied because _____.

Date:

Mount Desert Board of Selectmen

I understand that my signature on this application shall serve as authorization for the Board of Selectmen or its designee(s) to investigate the information contained in this application and supplementary questionnaire and any and all other information pertinent to its making a determination on this application. I further authorize the Board of Selectmen or its designee(s) 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 and reports, hospital records and reports, Veterans Administration records and reports, Department of Human Services records and reports, and insurance records.

I hereby certify that all of the information in this application and supplementary questionnaire(s) is true to the best of my knowledge and belief.

Date:

Applicant's Signature

Date:

Spouse's Signature

Subscribed and sworn to before me this day.

Date:

Notary Public

A decision on this application must be made by the Mount Desert Board of Selectmen 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 Mount Desert Board of Assessment Review within 60 days.