

TOWN OF DEXTER

APPLICATION FOR PROPERTY TAX ABATEMENT DUE TO POVERTY AND / OR DISABILITY (Under 36 MRSA 841)

Please attach supporting documents to reflect numbers provided in application. If you are in need of assistance please contact the General Assistance Administrator at 207-924-7351 Ext 17 to set an appointment to assist in this application process.

§ 2-2

DEXTER CODE

(4) When an application is filed, the council may ask the applicant to permit them to delay action on the request. The council usually prefers to wait to make its final decision until just prior to when the lien forecloses. This policy is based on the council's hope that the applicant's financial condition will have improved by that time so that the abatement is not needed. If the applicant agrees with the proposed delay, he/she should sign and return the postponement notice within fourteen (14) days.

Section 1-A General Information

Name of Applicant:		Name of Spouse:			
Mailing Address:					Applicant Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Physical Address:					
Telephone number:					
City/Town of Legal Residence:					
Previous Poverty Abatement application made? <input type="checkbox"/> YES <input type="checkbox"/> NO		When?	Approved?		
Previous Poverty Abatement application <input type="checkbox"/> YES <input type="checkbox"/> NO		When?	Approved?		
PEOPLE LIVING IN THE HOUSEHOLD INCLUDING APPLICANTS	RELATIONSHIP	DATE OF BIRTH	EMPLOYMENT	INCOME SOURCE	Able Bodied (A) Disabled (D) Minor(M)/Vet (V)

Does anyone in the household have a warrant for their arrest as a result of a felony conviction? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or anyone in your household serve in the U.S. Military? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has your household filed an income tax return? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list date and amount:	Do you have a mortgage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list your monthly liability:
	Has anyone applied for a VA Pension?	Has anyone received an income tax refund? Date: Amount:	Has anyone received a lump sum? Date: Amount:
Is everyone in the household a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: If any household member does not have permanent status, affidavit must be completed.		Is any other person, or agency assisting with your household expenses (mortgage, electric, heat etc.)? If yes, please explain:	

Section 1-B Real Estate Description for which you are requesting an abatement.

Have contacted the Town of Dexter Assessor and asked for a property tax abatement for over assessment if you disagree with your assessment? If so, when and result: _____

Have you contacted the Town of Dexter Assessor and made sure you have applied for all exemptions you may qualify for as a property owner? If so, when and result: _____

Land and Building? Yes or No

Location:

Map and Lot:

Account Number:

Registry of Deeds Book and Page:			
Name(s) on this Deed:		Name(s) on this Deed:	
Mortgage Holder's Name:		Lending Institution:	
Is mortgage current?		Mortgage Liability Balance:	
Tax Year:	Tax Liability: \$	Abatement Request: \$	Reason for Abatement Request:
Tax Year:	Tax Liability: \$	Abatement Request: \$	Reason for Abatement Request:

Have you initiated bankruptcy proceedings during any of the years for which abatement has been requested?

YES NO

Has any of your property been attached / seized under legal proceedings? ☐ YES ☐ NO

List all liens on the property at this time

Entity who liened property and when	Reason	AMOUNT
1.		\$
2.		\$
3.		\$

Section 2-A EMPLOYMENT INFORMATION – APPLICANT Complete if one or more members of your household are employed.

Currently employed household member #1:	Currently employed household member #2:
Name:	Name:
Employer:	Employer:
Date of last paycheck:	Date of last paycheck:
Amount of last paycheck:	Amount of last paycheck:
Date of next paycheck:	Date of next paycheck:
Additional Comments:	Additional Comments:

Section 2-B Complete section 2-B if one or more members of your household are able to work but are unemployed.

Able-Bodied unemployed household member #1:	Able-Bodied unemployed household member #2:
Name:	Name:
Previous Employer #1:	Previous Employer #1:
Reason Job Ended:	Reason Job Ended:
Last Date of Employment:	Last Date of Employment:
Previous Employer #2:	Previous Employer #2:
Reason Job Ended:	Reason Job Ended:
Last Date of Employment:	Last Date of Employment:
Comments:	Comments:
Additional Comments:	Additional Comments:

Section 2-C Complete section 2-C if one or more members of your household are unable to work for medical reasons.

Disabled unemployed household member #1:				Disabled unemployed household member #2:			
Name:				Name:			
Disability preventing work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		Disability preventing work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Medical statement verifying?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		Medical statement verifying?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Active SSI/SSDI application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		Active SSI/SSDI application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Completed IAR on file?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		Completed IAR on file?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you have an attorney?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		Do you have an attorney?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
What stage are you at in your application for SSI? SSDI?				What stage are you at in your application for SSI? SSDI?			

Section 3 INCOME – EVERY SOURCE OF HOUSEHOLD INCOME

INCOME: Enter the amount of all money to be received (weekly, monthly or yearly) by: (1) the applicant; (2) the applicant's family; and (3) unrelated household members. Report how often income is received.

TYPE OF INCOME	MONEY APPLICANT RECEIVES		MONEY FAMILY RECEIVES		MONEY OTHERS RECEIVE		OFFICE USE ONLY
	AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	MONTHLY TOTAL
A. Employment (After Taxes)	\$		\$		\$		\$
B. TANF	\$		\$		\$		\$
C. SSI – Supplemental Security Income	\$		\$		\$		\$
D. State Supplement (\$10 if receive SSI)	\$		\$		\$		\$
E. Social Security (other)	\$		\$		\$		\$
F. Unemployment or Workers Comp	\$		\$		\$		\$

G. Military/Veteran Benefits	\$		\$		\$		\$
H. Retirement or Pension Plan	\$		\$		\$		\$
I. Child/Spousal Support	\$		\$		\$		\$
J. Bank Accounts and Cash On Hand	\$		\$		\$		\$
K. Income In Kind	\$		\$		\$		\$
L. Post-Secondary financial aid, grants	\$		\$		\$		\$
M. Other (please specify)	\$		\$		\$		\$
N. Annuity or Trust Fund	\$		\$		\$		\$
O. Interest from Securities or Investments	\$		\$		\$		\$
P. General Assistance from Town							\$
Q. Income from Renters, Roomers or Boarders							\$
R. Any other income (Please Specify)							\$
TOTAL – MONTHLY HOUSEHOLD INCOME							\$

Section 4 ASSETS

ASSETS: Check yes for each asset owned and enter the cash value. Enter who in the household owns the asset.		
TYPE OF ASSET	VALUE	ASSET OWNED BY
A. Home	\$	
B. Real Estate (other than home)	\$	
C. Investments: Stocks, Bonds, Retirement Account(s), Life Insurance, etc.	\$	
D. Vehicle(s) (i.e., car, truck, motorcycle)	\$	
Additional vehicles	\$	
E. Recreational Vehicle (s) (i.e., camper, ATV, snowmobile, boat)	\$	
F. Valuable personal property (other than household furnishings Please specify	\$	
Additional valuable personal property	\$	
Additional valuable personal property	\$	
G. Savings Account	\$	
H. Stocks / Bonds	\$	
I. Life Insurance	\$	
J. Checking Account	\$	
K. Cash on Hand	\$	

L. Other (Please specify)	\$	
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Section 5 EXPENSES If some of the expenses below are paid once a year, divide that amount by 12 to get the monthly expense amount

Monthly Expense			Actual 30 Day Cost
1. Food			\$
2. Household/Personal Supplies (paper towels, detergent, shampoo etc.)			\$
3. Prescriptions (co-pays and non-prescription {OTC}costs			\$
4. Medical Insurance			\$
5. Dental Costs			\$
6. Life and other Insurance			\$
7. Clothing			\$
Shelter Expenses			
1. Mortgage Payment			\$
2. Property Taxes			\$
3. Trailer Lot Rent			\$
4. Heating Fuel			\$
5. Electricity	Hot Water Y/N	Electric Heat Y/N	\$
6. Gas			\$
7. Telephone			\$
8. Water / Sewer			\$
9. Homeowners Insurance			\$
10. Trash Removal			\$
11. Home Repairs			\$
Transportation Expense			
1. Automotive Payments			\$
2. Automotive Insurance			\$
3. Automotive Excise Tax and Registration Cost			\$
4. Driver's License Fee			\$
5. Automotive Repairs			\$
6. Transportation costs (gas, oil, etc. for non-work transportation)			\$
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			\$
6. Other please specify			\$
TOTAL MONTHLY HOUSEHOLD EXPENSES			\$

Section 6 OTHER EXPENSES

NOTE: The administrator should be aware of the following to gain an understanding of the applicant's financial situation.		
A. Do you have any debts (i.e., bank loans, car payments, credit cards)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, give (1) name; (2) purpose money was borrowed; and (3) amount (list below).		
NAME	PURPOSE	AMOUNT
1.		\$
2.		\$
3.		\$

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 of Dexter 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 of Dexter 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 for my property taxes as noted above. The above statements are true to the best of my knowledge and belief.

STATEMENT BY APPLICANT: I hereby affirm that the facts in this application are true, correct and complete, and that I have not knowingly withheld any information. I understand the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive assistance; therefore, I hereby give my express permission for the Administrator to contact the following specific sources or persons to verify any or all information material to the determination of General Assistance eligibility for my household:

- Employer(s) (past/present);
- Persons, organizations or businesses referenced in this application;
- Past, present and/or future landlords;
- Bank(s) or financial institutions;
- The Department of Health and Human Services or any department of the State of Maine;
- The area Community Action Program;
- Relatives, specify: _____
- Persons/vendors to whom I owe money (i.e. utility company, fuel dealer, car dealership);
- Physician(s) with information related to my ability to work or receive other benefits;
- Housing Authority (local and/or state);
- The following specific sources of information _____

Applicant's Signature: _____ Date: _____

Secondary Applicant's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

OFFICE USE ONLY:

Date Rec'd _____
 Application Signed Y N
 Supporting Documents Y N

By: _____
 Application Complete Y N

Date of next council meeting: _____ Date scheduled for Executive Session: _____

Date Applicant notified of Executive Session: _____ How notified: _____

Date Notice of Executive Session was posted: _____

Packets provided to council: _____

