**APPLICATION FOR PROPERTY TAX ABATEMENT**

**BECAUSE OF POVERTY AND/OR HARDSHIP**

**TOWN OF HOOPSVILLE (Under 36 M.R.S.A. § 841)**

*Note: Information provided on this application is confidential pursuant to Maine law.*

**A. INFORMATION REGARDING APPLICANT**

1. Full name of applicant:

2. Marital status: Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated \_\_\_ Single \_\_\_

3. A. Mailing address:

 B. Residence:

4. Phone number:

5. Date of birth:

6. Social Security number:

7a. Are you or your spouse a disabled veteran? Yes \_\_\_\_ No \_\_\_\_

7b. Are \_\_\_\_ you or \_\_\_\_ your spouse disabled? If so, please indicate the nature of the disability and attach supporting documentation (e.g. social security administration determination, doctor’s note, veterans’ or department of defense documentation)

**B. INFORMATION REGARDING OTHER MEMBERS OF THE HOUSEHOLD**

8. If married, full name of spouse:

(Note: If in a domestic partnership, please provide information regarding domestic partner for all spouse-related questions.)

Spouse’s date of birth:

9. Spouse’s Social Security number:

10. Children, from all marriages, residing in 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 | Residence | 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 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 the 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.**
* **Current pay stubs.**
* **Current bank statements.**
* **Copy of monthly bill statements for prior 3 months.**
* **Copy of checkbook register for prior 6 months.**

**SUPPLEMENTARY QUESTIONNAIRE**

**TOWN OF HOOPSVILLE**

**APPLICATION FOR PROPERTY TAX ABATEMENT**

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**\*\*\*Complete a separate supplementary questionnaire for each year for which abatement is requested.\*\*\***

22. Year for which abatement is requested:

23. Property valuation:

 (This information is on your tax bill.)

24. Property tax amount:

25. Unpaid tax balance:

26. Amount of property tax abatement requested, if different from unpaid tax balance:

**E. EMPLOYMENT INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | Applicant | Spouse |
| Trade or occupation |  |  |
| Employer |  |  |
| Employer address |  |  |
| Employment dates |  |  |
| If unemployed, why? |  |  |

**F. ASSET INFORMATION**

27. Were you granted general assistance in the year for which abatement is requested? \_\_\_\_\_

 If yes, amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
| Description of property | Location | Acres | Assessed Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
|  | Name of Bank | Average Monthly Balance |
| Checking Accounts |  |  |
|  |  |  |
| Savings Accounts |  |  |
|  |  |  |
| Safe Deposit Box |  |  |
| Other |  |  |
| (CDs, savings bonds, trust funds, etc.) |  |  |

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

|  |  |  |
| --- | --- | --- |
| Company and Address | Face Amount | Current Value |
|  |  |  |
|  |  |  |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Description | Date Acquired | Current Value |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

32. Did you apply for and receive the Maine Property Tax Fairness Credit (formerly the “Circuit Breaker” Program)? Yes or No

If Yes, amount of credit: \_\_\_\_\_\_\_\_\_\_\_

(Attach a copy of your state tax return Form 1040ME and the Property Tax Fairness Credit Worksheet.)

33. Did you apply for and receive qualification of the property as your homestead under the Maine Homestead Property Tax Exemption statute, 36 M.R.S. §§ 681-689, for the tax year for which an abatement is requested? Yes or No

If No, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

34. Did you apply for any Home Energy Assistance Program (fuel assistance) program for the tax year for which an abatement is requested? Yes or No

If Yes, amount of assistance: \_\_\_\_\_\_\_\_\_\_\_ Date of assistance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If No, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Monthly Amount |
| TANF |  |  |  |
| Supplemental Security Income (SSI) |  |  |  |
| Social Security Benefits |  |  |  |
| Veterans Benefits |  |  |  |
| Wages |  |  |  |
| Unemployment compensation |  |  |  |
| Worker’s compensation |  |  |  |
| Medicaid |  |  |  |
| Business income |  |  |  |
| Other income (child support, alimony, interest insurance proceeds, income from relatives, renters, etc.) |  |  |  |

Total *monthly* income from all sources:

Total *yearly* income from all sources:

**G. LIABILITY INFORMATION**

36. 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.) (submit proof)

|  |  |
| --- | --- |
| **Food** |  |
| Household Supplies (paper towels, detergent, etc.) | $ |
| Personal Supplies (soap, toothpaste, etc.) | $ |
| Medications (non-prescription) | $ |
| Other Medication | $ |
| Medical Insurance | $ |
| Dental Costs | $ |
| Life and other Insurance | $ |
| Clothing | $ |

**Shelter:**

|  |  |
| --- | --- |
| Mortgage Payment | $ |
| Property Tax | $ |
| Trailer Lot Rent | $ |
| Heating Fuel | $ |
| Electricity | $ |
| Gas | $ |
| Telephone | $ |
| Water | $ |
| Sewage | $ |
| Homeowner’s Insurance | $ |
| Trash Removal | $ |
| Home Repairs | $ |

**Transportation:**

|  |  |
| --- | --- |
| Automobile Payments | $ |
| Automobile Insurance | $ |
| Automobile Excise Tax and Registration | $ |
| Driver’s License Fee | $ |
| Automobile Repairs | $ |
| Transportation Costs (gas, oil, etc. for other than driving to and from work) | $ |

**Work-Related Expenses:**

|  |  |
| --- | --- |
| Mortgage Payment | $ |
| Property Tax | $ |
| Trailer Lot Rent | $ |
| Transportation cost to and from work | $ |
| Cost of special equipment | $ |
| Cost of special clothing | $ |
| Cost of lunch or dinner at work | $ |
| Child care costs | $ |
| Other:Installment payments:(specify to whom) | $ |

37. List all debts.

|  |  |
| --- | --- |
| Creditor’s Name: | Total Amount Owed |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

Poverty and/or Hardship Poverty Application for Abatement of Local Property Tax

To the Municipal Officers for the Town of Hoopsville:

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:

Signed:

 Applicant

A decision on this application must be made by the Board of Selectmen within thirty (30) days, in accordance with 36 M.R.S.A. § 841. If you are aggrieved by the decision of the municipal officers, you may appeal the decision to the [Hoopsville Board of Assessment Review/County Commissioners] within sixty (60) days.