

**Town of Hartford
Application for Property Tax Abatement**

A. INFORMATION REGARDING APPLICANT

Full Name of applicant: _____

Marital Status: Married Divorced Widow Separated Single

Residence Address: _____

Mailing Address: _____

Phone: _____ Date of Birth: ____/____/____ Social Security # _____

Are you or your spouse a disabled veteran? You = Yes No Spouse = Yes No

B. INFORMATION REGARDING OTHER MEMBERS OF THE HOUSEHOLD

Full Name of Spouse: _____

Spouse's Date of Birth: ____/____/____ Spouse's Social Security # _____

List all children residing in the household, or for whom the applicant is legally responsible:

| Full Name | Date of Birth | Student? Yes/No | Occupation |
|-----------|----------------|-----------------|------------|
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |

Other members of the household:

| Full Name | Date of Birth | Relationship | Occupation |
|-----------|----------------|--------------|------------|
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |

C. INFORMATION REGARDING PROPERTY

Describe the real estate for which you are requesting a tax abatement (For example: land and buildings located at 1 North Street, Map 1 Lot 10). Map # _____ Lot # _____

Purchase Date: ____/____/____ How much equity do you have in the property? \$ _____
(Value – Balance Due)

Property Use: Residence Business Rental

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

Amount of abatement requested (write down the amount of the tax that you cannot pay. This may be either the whole tax amount, or just part of it). \$ _____

Mortgage or Encumbrances on this property: \$ _____

Lender: _____

Name or names on deed to property: _____

The following information can be found on your tax bill:

Acreage: _____ Current Assessed Value: Land \$ _____ Buildings \$ _____

Property Tax Amount: \$ _____

D. OTHER INFORMATION

Have you initiated bankruptcy proceedings during any of the years for which an abatement is requested? Yes No

If yes, identify the legal proceedings, the property involved, and the present status of the case.

Are there any liens upon your property at this time? Yes No

If yes, please give details: _____

During any of the years for which an abatement is requested, and the two 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?
 Yes No

If yes, describe the value and circumstances of the transfer: _____

- b. Made any assignment of any property for the benefit of your creditors? Yes No
If yes, give the date, name and address of the assignee, and terms of the assignment:

- c. Made any gifts, other than the usual presents, to family members? Yes No
If yes, name and address of recipient and value of gift: _____

Was the gift conditional? Yes No
If yes, describe the conditions: _____

Have you or your spouse applied for any of the following?

Food Stamps Yes No Date of Application ____/____/____

TANF Yes No Date of Application ____/____/____

SSI/SSDI Yes No Date of Application ____/____/____

Veteran's Benefits Yes No Date of Application ____/____/____

Home Equity Loan Yes No Date of Application ____/____/____

E. EMPLOYMENT INFORMATION

| | <u>Applicant</u> | <u>Spouse</u> |
|---------------------|------------------|---------------|
| Occupation | _____ | _____ |
| Employer | _____ | _____ |
| Employment Dates | _____ | _____ |
| If unemployed, why? | _____ | _____ |

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

F. ASSETS/INCOME INFORMATION

Have you applied for General Assistance (Welfare) in the year for which an abatement is requested?

Yes No If yes, was assistance granted? Yes No

Do you, or other members of your household own any other real estate? Yes No

Description of property _____

Location _____

Acreage _____ Current Assessed Value \$ _____

List all checking accounts, savings accounts, safe deposit boxes, etc. you maintained alone or with someone else in the year(s) for which an abatement if requested. Attach copies of bank statements.

| | <u>Name of Bank</u> | <u>Balance</u> |
|------------------|---------------------|----------------|
| Checking Account | _____ | \$ _____ |
| Savings Account | _____ | \$ _____ |
| Safe Deposit Box | _____ | \$ _____ |
| CD's | _____ | \$ _____ |
| Savings Bonds | _____ | \$ _____ |
| Trust Funds | _____ | \$ _____ |
| Other | _____ | \$ _____ |

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

| Company & Address | Face Amount | Current Value |
|-------------------|-------------|---------------|
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

List all other assets, such as motor vehicles, recreational vehicles such as ATV's, campers, snowmobiles, boats and machinery, other than household furnishings.

| Description | Date Purchased | Current Value |
|-------------|----------------|---------------|
| _____ | ___/___/___ | \$ _____ |
| _____ | ___/___/___ | \$ _____ |
| _____ | ___/___/___ | \$ _____ |

Did you apply for and/or receive a state property tax rebate under the Maine Residents Property Tax Program? Yes No

If yes, when did you apply? ___/___/___ Amount of rebate: \$ _____

List monthly income from **ALL** sources for **ALL** members of the household:

| | <u>Applicant</u> | <u>Spouse</u> | <u>Others</u> |
|--|------------------|---------------|---------------|
| TANF | \$ _____ | \$ _____ | \$ _____ |
| Medicaid | \$ _____ | \$ _____ | \$ _____ |
| SSI/SSDI | \$ _____ | \$ _____ | \$ _____ |
| Social Security | \$ _____ | \$ _____ | \$ _____ |
| Veteran's Benefits | \$ _____ | \$ _____ | \$ _____ |
| Unemployment Compensation | \$ _____ | \$ _____ | \$ _____ |
| Worker's Compensation | \$ _____ | \$ _____ | \$ _____ |
| Wages/Salary | \$ _____ | \$ _____ | \$ _____ |
| Business Income | \$ _____ | \$ _____ | \$ _____ |
| Retirement/Pension | \$ _____ | \$ _____ | \$ _____ |
| Child Support | \$ _____ | \$ _____ | \$ _____ |
| Income from Renters/Boarders | \$ _____ | \$ _____ | \$ _____ |
| Other Income (ie: annuity payments, lump sums, lottery, \$ from relatives) | \$ _____ | \$ _____ | \$ _____ |
| Total monthly income | \$ _____ | \$ _____ | \$ _____ |
| Total monthly income (whole family) | \$ _____ | | |
| Total yearly income (monthly x 12) | \$ _____ | | |

G. LIABILITY INFORMATION (YOUR DEBTS/BILLS)

List monthly expense. (If the expense is yearly, divide yearly expense by 12 to get monthly expense)

| | <u>Your Expenses</u> | <u>GA Maximums – to be completed by Welfare Official</u> |
|--|----------------------|--|
| Mortgage (principal and interest) | \$ _____ | \$ _____ |
| House Insurance | \$ _____ | |
| Property Taxes | \$ _____ | |
| Heat (#gallons/month _____) | \$ _____ | \$ _____ |
| Electricity | \$ _____ | \$ _____ |
| Water/Sewer | \$ _____ | \$ _____ |
| Propane | \$ _____ | \$ _____ |
| Food | \$ _____ | \$ _____ |
| Personal & Household Supplies | \$ _____ | \$ _____ |
| Prescriptions | \$ _____ | \$ _____ |
| Cable Television | \$ _____ | |
| Telephone (Medically Necessary? Yes ___ No ___) | \$ _____ | \$ _____ |
| Insurance (medical, dental, life) | \$ _____ | |
| Trash Removal | \$ _____ | |
| Auto Payment | \$ _____ | |
| Auto Insurance | \$ _____ | |
| Travel – work & doctor only (gas expense) | \$ _____ | \$ _____ |
| Child Care (Daycare if you work) | \$ _____ | \$ _____ |
| Child Support | \$ _____ | |
| Loan Payments | \$ _____ | |
| Necessary Clothing | \$ _____ | |
| Other - List here _____ | \$ _____ | |
| Other - List here _____ | \$ _____ | |
| Other - List here _____ | \$ _____ | |
| Total Monthly Expenses | \$ _____ | |
| Total Yearly Expenses (Monthly x 12) | \$ _____ | |

To be completed by Welfare Official:

| | |
|---|----------|
| GA Overall Maximum Level of Monthly Assistance Allowed | \$ _____ |
| GA Allowed Monthly Expenses for Emergency Situation (ie – eviction notice, disconnection notice, etc.) | \$ _____ |

List all debts (loans, credit cards, doctor bills, etc.):

| <u>Lender</u> | <u>Purpose</u> | <u>Date Incurred</u> | <u>Amount Due</u> | <u>Monthly Pmt</u> |
|---------------|----------------|----------------------|-------------------|--------------------|
| _____ | _____ | ___/___/___ | \$ _____ | \$ _____ |
| _____ | _____ | ___/___/___ | \$ _____ | \$ _____ |
| _____ | _____ | ___/___/___ | \$ _____ | \$ _____ |

REQUEST FOR CONFIDENTIAL INFORMATION

Applicant Name: _____

Spouse's Name: _____

Applicant's Social Security Number: _____ Date of Birth: ____/____/____

Spouse's Social Security Number: _____ Date of Birth: ____/____/____

Mailing Address: _____

Information to be received from: Maine Residents Property Tax and Rent Refund Program, Maine Revenue Services, P.O. Box 9116, Augusta, ME 04332-9116; Telephone (207) 626-8461; Fax (207) 624-9694.

Information to be received: I hereby give my consent to the Town of Hartford, Maine to receive information regarding my application and refund for the Maine Residents Property Tax and Rent Refund Program. I further authorize the Town Clerk to receive this information either by telephone, fax machine, or e-mail.

Signature of applicant: _____

Signature of spouse: _____

Date: ____/____/____

NOTE: This request for information is confidential pursuant to Title 22 M.R.S.A. Section 4306, 4314.

For each year an abatement is requested, you must submit the following with this application:

- A photocopy of your federal and state income tax returns including all schedules, for all members of the household who were employed during all years the abatement is requested.
- A photocopy of W-2 forms for all members of the household who were employed during all years the abatement is requested.

The Board of Selectmen encourages applicants to attend their meeting when they will be discussing your application so you may answer any questions they may have on your application. Please see the Town Clerk for the meeting schedule so you may attend.

A decision on this application must be made by the Hartford Board of Selectmen within 30 days, in accordance with 35 M.R.S.A., section 841. If you are aggrieved by the decision of the municipal officers, you may appeal the decision in writing to the Hartford Appeals Board within 60 days. You may mail your written appeal to: Board of Appeals, Town of Hartford, 1196 Main Street Hartford, Maine 04220.

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 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 and reports, be they confidential or not, including but not limited to financial institutions, Internal Revenue Service, Maine Department of Taxation, Maine Department of Health and Human Services, medical records and reports, hospital records and reports, Veteran’s Administration records, and insurance records.

I hereby certify that all of the information in this application is true to the best of my knowledge.

*Your signature and your spouse’s signature must be witnessed by a Notary Public. Please do not sign until you are in front of the Notary. You must also provide identification for the Notary Public. There is a Notary Public available at the Town Clerk’s Office for your convenience, free of charge.

Applicant’s Signature _____ Date: ____/____/____

Spouse’s Signature _____ Date: ____/____/____

Subscribed and sworn to before me this day,

Notary Public _____ Date: ____/____/____

BOARD OF SELECTMEN DECISION

- The abatement requested is allowed in the amount of \$_____.
 - The abatement requested has been tabled for more information until the next regular meeting.
 - The abatement requested has been denied.
- A letter describing this decision will be mailed to the applicant by the Town Clerk.

Town Clerk _____ Date _____