



Regional Assessing Office
25 Pearl Street – Portland, ME 04101
Tel: 207-699-2475

Application for Exemption from Local Property Taxation
Property of Institutions and Organizations

Must be filed by April 1st

NOTE: Please file one form for each property for which exemption from property taxation is requested.

To the Assessor of the Town of _____: Pursuant to 36 MRSA, §652, or other designated statute, the undersigned requests exemption from the property tax for the real estate and/or personal property described below:

1. Institution or Organization:

Name: _____ Contact Person: _____

Address: _____

Please attach Articles of Incorporation and By-laws.

2. Exempt Classification of Organization: (indicate exemption requested)

- | | |
|---|---|
| <input type="checkbox"/> Charitable & Benevolent | <input type="checkbox"/> Hospital/Blood Bank (S652.1.k leased property) |
| <input type="checkbox"/> Literary & Scientific | <input type="checkbox"/> Nonprofit Hospital/Medical Service |
| <input type="checkbox"/> Veteran's Association (Legion/VFW) | <input type="checkbox"/> Nonprofit Mental Health |
| <input type="checkbox"/> Chamber of Commerce/Brd of Trade | <input type="checkbox"/> Nonprofit Child Care |
| <input type="checkbox"/> House of Religious Worship | <input type="checkbox"/> Nonprofit Nursing Home/Boarding Home |
| <input type="checkbox"/> Parsonage | <input type="checkbox"/> Nonprofit Residential Housing |
| <input type="checkbox"/> Fraternal Organization (Lodges) | <input type="checkbox"/> Maine Health Facilities Org (Title 22 S2067) |
| <input type="checkbox"/> Agricultural Fair Association | <input type="checkbox"/> Other _____ |

For any classification not listed above, you are required to list and attach Maine statutory authority for exempt status being requested. Statutory Citation(s): _____

3. Location of real estate and/or personal property. *File separate applications for each parcel.*

Map _____ Lot _____ Street Address /Unit # _____

4. Description of real estate and/or personal property. *Attach copy of deed.*

Hospitals/Blood Banks & HMOs, please submit copies of all applicable leases for which exemption is requested.

5. Is any part of the facility utilized for employee housing? No ☐ Yes ☐ If yes, describe:

6. How does the organization use the income derived from its activities or rental of its facilities? Attach a copy of last year's financial statement.

7. Statement of equipment, leased and owned in your possession on April 1st:

Do you own machinery & equipment, furniture & fixtures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any leased, or otherwise held, equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If on April 1st, you have in your possession any business machines, machinery, equipment furniture, fixtures, tools, etc. which are owned, loaned, leased, stored or otherwise held, you are requested to attach a list identifying the full name and address of the owner, quantity and description of the equipment.

Authorized representative of organization filing this application:

I, the undersigned, hereby certify that the information contained within this application and attachments are true, correct and complete.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Telephone # _____ Fax # _____

Attach additional pages as necessary to completely answer each question.

Have you attached all additional materials necessary to file a complete application?

Articles of Incorporation ___, By-laws ___, Deed ___, Financial Statement ___, State Exemption Certificate, Applicable leases ___, Personal Property (Business equipment) list ___, IRS Form 990__.