



Town of North Yarmouth
SENIOR PROPERTY TAX ASSISTANCE
Program Application
Application Deadline – July 31, 2020

General Information

Name: _____ Age: _____ Own or Rent: _____

Property Address: _____, North Yarmouth, ME 04097

Mailing Address (if different from above): _____

Number of years living at above address: _____ Number of years living in North Yarmouth: _____

Phone Number: _____ Email address: _____

Property Owners

A. Map and Lot number as it appears on Tax Bill: Map _____ Lot _____

B. Taxes Paid Fiscal Year 2020: \$ _____

Renters

A. Annual Rental Fees: \$ _____ Expenses included in rent: Heat Electricity Property Tax Other _____ (Check all that apply.)

B. Do you rent but receive a separate bill for property taxes? Yes No If yes, please provide copy of invoice.

C. If renting, a copy of the lease is required.

Household Income:

A. Federal Income Tax Return (**2019**) - Enter the annual income amount specific to the form you filed: \$ _____ (Form 1040, Line 6)

B. If you **do not** file a Federal Income Tax Return, please complete the following amounts receive in **2019**:

Social Security Benefits: \$ _____

Retirement Plan Benefits: \$ _____ (pensions, annuities, IRA's)

All Other Income: \$ _____

Describe Other Income: _____

Important: Applicant must provide supporting documentation displaying total household income. If no documentation is available please provide a written explanation on page two of this application.



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Explanation of no supporting documentation:

To the best of my knowledge the statements in this application are true.

Applicant

Date: ____ / ____ / ____

TOWN USE ONLY

Date Received: _____ by: _____

TRIO ACCT # _____

DOB ____ / ____ / ____ Type of Verification: DL ____ BC ____ Other _____

Length of Residency: Voter Registration ____ Other _____

Homestead Ownership: Property Records ____ Other _____

Renters: Rental Agreement ____ Property Tax Billing ____

Proof of Income: Income Tax Return ____ Other _____

Approved: Amount of Tax Credit awarded \$ _____

Denied: Reason for denial: _____

Town Manager

Date: ____ / ____ / ____