

**Town of North Yarmouth  
Application for Poverty 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 poverty 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 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 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 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: \_\_\_\_\_

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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:

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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: \_\_\_\_\_

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Was the gift conditional?  Yes  No

If yes, describe the conditions: \_\_\_\_\_

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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.)	\$ _____

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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 Fairness Credit, Maine Revenue Services, P.O. Box 1060, Augusta, ME 04333; Telephone (207) 626-8475; Fax (207) 624-9694. [www.maine.gov/revenue/taxrelief/tnr.htm](http://www.maine.gov/revenue/taxrelief/tnr.htm)

Information to be received: I hereby give my consent to the Town of North Yarmouth, Maine to receive information regarding my application and refund for the Maine Residents Tax Fairness Program. I further authorize the Town Manager and General Assistance Administrator, Rosemary Roy and/or Town Deputy General Assistance Administrator, Valerie Fitzgerald, 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 Administrative Assistant for the meeting schedule so you may attend.**

A decision on this application must be made by the North Yarmouth 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 North Yarmouth Board of Assessment Review within 60 days. You may mail your written appeal to: Board of Assessment Review, Town of North Yarmouth, 10 Village Square Road, ME, 04097.

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**North Yarmouth Board of Selection DECISION**

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

Town Clerk for the Board of Selectmen \_\_\_\_\_ Date: \_\_\_\_\_

## POVERTY TAX ABATEMENT REQUEST WORKSHEET

### Verification of Application Information:

- Applicant is sole owner of lot
- Lot is primary residence of applicant
- Mortgage or not; other lien holders or not
- Abatement requested is for a Tax year no later than 3 years from commitment date

### Subject Property:

- Amount of taxes; current tax assessment amount
- What zone located in
- Excess acreage or minimum lot size
- Home occupation or not

### Finances verified thru application:

- Income tax returns
- Specific items on application verified (TANF, Disability, etc.)
- Basic necessities determined w/ their costs
- Disposable income determined
- Comparison w/ disposable income to basic necessities

### Available resources:

- Items available to generate additional funds
- Family members – parents, siblings, adult children
- Can real property be mortgaged?

Board knows that there is a difference between poverty abatement and foreclosure avoidance process.

# Worksheet for Poverty Tax Abatement Requests

## Additional Sources of Revenue:

- Applied for State Property Tax Fairness Credit
- Applied for General Assistance
- Verification of Other Family Members (parents, siblings, children)
- Assets available to sell (real estate, personal property, bonds, etc.)

## Income vs Expenses Analysis:

- Available income documented
- Income used for qualified expenses
- Do qualified expenses exceed verified revenue – monthly, annually
- Do qualified expenses exceed revenues for the timeframes requested

## Other Conditions:

- Medical disability
- Age
- Repeat applicant
- Where applicant's income falls under HHS Poverty Guidelines