

TOWN OF SABATTUS

APPLICATION FOR POVERTY TAX ABATEMENT

A Poverty Tax Abatement is a request to the governing body for the Town of Sabattus to find that the applicant is unable to contribute to the public charge. To determine this, the Municipal Officers will look at the applicant's financial situation at the time the taxes were due and the financial situation since that date. Many different aspects of the applicant's situation will be assessed, including, but not limited to, available income, equity and other assets. The Municipal Officers must issue a written decision within 30 days of receipt of a completed application.

The application for Poverty Tax Abatement is attached. Please fill out all areas and return to the General Assistance Director, @ 190 Middle Road Sabattus, ME 04280. If you have any question, please call 207-375-4331 for help.

After receipt of application, the General Assistance Administrator will review the application and upon final determination that all information is complete, will schedule the application on the next available Town Council agenda. The Towns Council will go into Executive Session to review the application. The application and all application documentation and decision paperwork must be treated as confidential. The applicant has the right to be at the meeting to answer any questions that the Town Council may have.

.....

For each year Abatement is requested, you must submit:

- 1. A photocopy of all Federal and State Income Tax Returns, all schedules, for each person liable.**
- 2. Tax Bills for the requested year(s).**
- 3. Doctor's statement, if unemployed for illness or disability.**

TOWN OF SABATTUS
APPLICATION FOR POVERTY TAX ABATEMENT

The undersigned, hereby, applies for Abatement from the local Property tax for the tax year(s) _____, under Title 36, Section 841(2), Maine Revised Statutes Annotated. In submitting this application, the undersigned certifies that statements herein contained are true and accurate to the best of their knowledge and belief.

Name _____ Social Security # _____
 Spouse _____ Social Security # _____
 Street Address _____ Telephone # _____
 Mailing address, if different _____
 Marital status: Married _____ Single _____ Divorced _____ Widowed _____ Separated _____

Please list all persons including children living in the household:

NAME	D.O.B.	RELATIONSHIP	OCCUPATION
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

List any other persons for whom you are legally responsible:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REAL ESTATE FOR WHICH ABATEMENT IS REQUESTED:

Physical Location _____ Map/Block/Lot # _____
 Tax Account # _____ Description (land or land & building) _____
 Current Assessed value (per tax bill) \$ _____
 How much is owed on this property (mortgage or encumbrances) \$ _____ Date of Purchase _____
 Lenders Name _____ Loan Account # _____
 Name(s) on Deed to Property _____
 How much equity do you have in this property? \$ _____
 Property Use: Residence _____ Business _____ Rental _____ Other? _____
 Amount of Property Tax Abatement Request (Specify total or amount you feel you cannot pay)?
 YEAR _____ Amount \$ _____
 YEAR _____ Amount \$ _____
 YEAR _____ Amount \$ _____

Have you initiated bankruptcy proceedings during any of the years for which abatement is requested? _____
 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 _____

Are there any liens upon your property at this time? _____ If yes, please detail: _____

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 party? _____
 If yes, describe the value and circumstances _____

What is your current interest in said property? _____

b) Made any assignment of any property for the benefit of your creditors? _____ If yes, give name and address of Assignee and terms of the assignment: _____

c) Made any gifts, other than usual presents to family members? _____ If yes, give name and address of recipient and value of gifts _____ \$ _____

Was the gift conditional? _____ If yes, describe conditions: _____

EMPLOYMENT INFORMATION:

	Applicant	Spouse
Trade or occupation	_____	_____
Employer	_____	_____
Employer address	_____	_____
Employment Dates	_____	_____
If unemployed, reason*	_____	_____

*If unemployment was due to illness or disability attach a current physicians statement describing the type and length of illness or disability.

ASSET INFORMATION: Does the applicant or any other member(s) of the household own any of the following?

	Yes	No	\$ Value	Date acquired
Other real estate	_____	_____	_____	_____
Motor Vehicle(s) Yr(s) & Make(s)	_____	_____	_____	_____
Boat	_____	_____	_____	_____
Snowmobile/ATV	_____	_____	_____	_____
Motorcycle	_____	_____	_____	_____
Camper	_____	_____	_____	_____
Life Insurance	_____	_____	_____	_____
Machinery	_____	_____	_____	_____
Medical Insurance	_____	_____	_____	_____

List all checking accounts, savings accounts and other assets: Attach latest statements

	Name of Bank	Amount in account
Checking Acct.	_____	_____
Savings Acct.	_____	_____
Certificates of Deposit	_____	_____
Savings Bonds	_____	_____
Trust Funds	_____	_____
Stocks, investments	_____	_____
Pension/Retirement	_____	_____

INCOME INFORMATION: List MONTHLY income from all sources, for all members of household:

Amount of Monthly Income \$ _____ Attach 4 most recent pay stubs for each job

List monthly amounts received and source of income: i.e. Company, Social Security, relatives, grants, etc.

\$ _____	Source of income _____
\$ _____	Source of income _____
\$ _____	Source of income _____
\$ _____	Source of income _____

I, We, the undersigned, hereby swear and affirm that the preceding information is complete and true to the best of my/our knowledge/belief, and I/we hereby authorize the Municipal Officers of the Town of Sabattus to refer this application to the General Assistance Administrator for verification and authorize the General Assistance Administrator to contact my/our employer(s), creditors, bank, mortgage or other persons named in this application for purposes of verifying the information supplied. I/we hereby authorize the General Assistance Administrator to make available to the municipal officers any information or records relating to this application for or grant of General Assistance to me/us. I/we understand that such information will be used by the Municipal Officers only for the purpose of evaluating this abatement application and will be treated by them as confidential information.

Dated this date _____

Signed _____
Applicant

Signed _____
Applicant

Check one:

The abatement requested is allow in the amount of \$_____ taxes.

The abatement requested is denied.

Date

ASSESSORS OF SABATTUS

