TOWN OF READFIELD

APPLICATION FOR ABATEMENT OF LOCAL PROPERTY TAX (Under 36 M.R.S.A. 841)

INSTRUCTIONS FOR COMPLETION OF FORM

The attached form is to be used when seeking abatement of property taxes by the Town of Readfield based on a claim of poverty. (If abatement is sought for reasons of being infirm you should supply a doctor's statement as to the extent of your disability.) Poverty only can be established if your **REASONABLE** expenses exceed any available sources of income. Also, please appear before the Assistant Town Clerk and certify that the information contained in this form is accurate.

If you feel you need help in completing this form please ask for the General Assistance Director or their assistant, to help you.

NAME OF APPLICANT: _____

NAME OF SPOUSE: _____

ADDRESS: _____

LEGAL RESIDENCE:_____ **PHONE NO:** _____

MARITAL STATUS: Single __ Widowed __ Separated __ Married __ Divorced _____

LIST ALL HOUSEHOLD MEMBERS, INCLUDING YOU AND YOUR SPOUSE:

_____ _____

_____ _____

_____ _____

_____ _____

ARE YOU OR YOUR SPOUSE A DISABLED VETERAN? YES_____ NO_____

IF EITHER YOU OR YOUR SPOUSE IS DISABLED, INDICATE WHO IS DISABLED AND DESCRIBE THE DISABILITY:

_____

_____

_____.

_____

DESCRIBE THE REAL ESTATE FOR WHICH YOU NEED AN ABATEMENT:

DESCRIPTION: (for example, land and building at 4 North St., or , land and buildings, Map 24 Lot 12) (This information is on your tax bill)	**LOCATION:** READFIELD	**CURRENT ASSESSED VALUE:** LAND: _____ BUILDINGS: _____
_____		
_____		

MORTGAGES OR ENCUMBRANCES ON THIS PROPERTY: $_____

LENDER / LENDING INSTITUTE: _____

NAME OR NAMES ON DEED TO THIS PROPERTY: _____

AMOUNT OF PROPERTY TAX ABATEMENT REQUESTED: $ _____
(Write down the amount of the tax that you cannot pay. This can be either the whole amount of the tax, or just part of it.)

REASON FOR REQUESTING ABATEMENT: (For example, you don't have enough income to meet necessary expenses.)

_____

_____

LIST THE AMOUNTS OF FAMILY INCOME FOR EVERY SOURCE RECEIVED IN A YEAR:

	Yearly Income
1. Social Security Benefits	$_____
2. Supplemental Security Income (SSI)	$_____
3. Veteran's Pension	$_____
4. Aid to Families With Dependent Children (AFDC)	$_____
5. General Assistance from Town or City	$_____
6. Unemployment Compensation	$_____
7. Net income from Employment (after taxes)	$_____
7-A(Name of Employer & Telephone #): _____	
8. Child Support Payments	$_____
9. Alimony	$_____
10. Income from Renters, Roomers or Boarders*	$_____

*Because you are seeking an abatement of property taxes, the Town of Readfield might require that if there is any unused, habitable space in your home, that you might consider a boarder and include rent as income. If you have such space, and have not sought a boarder, reasonable income potential for such use may be assumed to be at $200.00+/- a month on average.

12. Other Income (you must include all sources of income).

SOURCE:	Yearly amount
_____	$_____
_____	$_____

13. Average Income (The following will take place unless you are disabled: If all other sources of income do not at least equal what you would earn if you worked 40 hours in a week at minimum wage, the Town will average an income for you in that amount.

Average Income (Selectmen use only) $_____

TOTAL OF ALL INCOME $_____

OUTSTANDING INDEBTEDNESS: (money owed)

Creditor's Name:	Total Amount Owed
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

ESTIMATED YEARLY EXPENSES: (If expenses are paid monthly multiply by 12 to obtain the yearly expense.)

In reporting your yearly expenses, include any payments required to reduce outstanding debt. Also, your medical bills should be reported after deducting payments from Medicare and/or Medicaid. Because you have reported the valve of food stamps as income, you should report the gross amount of yearly food costs. These costs will be checked for reasonableness.

	Yearly costs
1. Food	$_____
2. Household supplies (paper towels, detergent, etc.)	$_____
3. Personal supplies (soap, toothpaste, etc.)	$_____
4. Medications	$_____
5. Medical Insurance	$_____
6. Dental Costs	$_____
7. Life and other Insurance	$_____

SHELTER: Yearly costs

1. Mortgage Payment $_____
2. Property Tax $_____
3. Trailer Lot Rent $_____
4. Heating Fuel $_____
5. Electricity $_____
6. Gas $_____
7. Telephone $_____
8. Water $_____
9. Sewage $_____
10. Homeowner's Insurance $_____

TRANSPORTATION: Yearly costs

1. Vehicle Payments $_____
2. Vehicle Insurance $_____
3. Vehicle Maintenance $_____

WORK RELATED EXPENSES: Yearly costs

1. Transportation Costs to and from work $_____
2. Cost of special equipment $_____
3. Child care costs $_____

OTHER: Yearly costs

Installment payments: (credit cards etc.)

(specify to whom_____) $_____

TOTAL OF ALL PAYMENTS $_____

TOTAL OF ALL INCOME (from page three) $_____

To the Municipal Officers for the Municipality of Readfield.

In accordance with the provisions of 36 M.R.S.A. 841, I am applying in writing for abatement of my property taxes as noted above. The above statements are true to the best of my knowledge and belief.

Dated:_____ Applicant's Signature:_____