

TOWN OF ELIOT  
APPLICATION FOR PROPERTY TAX ABATEMENT  
DUE TO INABILITY TO PAY

**TOWN OF ELIOT**

**A. INFORMATION REGARDING APPLICANT**

1. Full name of applicant: \_\_\_\_\_
2. Marital status: Married \_\_, Divorced \_\_, Widow \_\_, Widower \_\_, Separated \_\_, Single \_\_.
- 3.a. Mailing address: \_\_\_\_\_  
\_\_\_\_\_
- b. Residence: \_\_\_\_\_
4. Phone number: \_\_\_\_\_
5. Date of birth: \_\_\_\_\_
6. Social security number: \_\_\_\_\_
7. Is the property a) land only b) commercial / industrial c) second home / camp d) primary residence

**IF THE PROPERTY IS NOT YOUR PRIMARY / ONLY RESIDENCE,**

**THIS APPLICATION WILL NOT BE CONSIDERED.**

**B. INFORMATION REGARDING OTHER MEMBERS OF THE HOUSEHOLD**

7. If married, full name of spouse: \_\_\_\_\_
8. Spouse's date of birth: \_\_\_\_\_
9. Spouse's Social Security number: \_\_\_\_\_
10. Children, from all marriages, residing in the household, or for whom the applicant is legally responsible:

Full Name	Birth Date	Residence	Occupation
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11. Other members of the household

Full Name	Birth Date	Residence	Occupation
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C. INFORMATION REGARDING PROPERTY

12. Property use: Residence\_\_\_\_ Business\_\_\_\_ Rental\_\_\_\_ Second Home/Camp\_\_\_\_ Land \_\_\_\_

13. Location of the property for which you are requesting a tax abatement:

14. Approximate acreage: \_\_\_\_\_

15. Purchase date: \_\_\_\_\_

16. How much equity do you have in the property? \_\_\_\_\_

17. Year(s) for which an abatement is requested: \_\_\_\_\_

D. OTHER INFORMATION

18. Have you initiated bankruptcy proceedings during any of the years for which an abatement is requested? \_\_\_\_\_

19. 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.

20. Are there any liens upon your property at this time?\_\_\_\_\_ If yes, please detail.

21. During any of the years for which an abatement is requested, and the 2 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? \_\_\_\_\_ If yes, describe the value and circumstances of the transfer.

What is your current interest in the property?

b) Made any assignment of any property for the benefit of your creditors?\_\_\_\_\_. If yes, give the date, name and address of assignee, and terms of assignment. \_\_\_\_\_

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

Was the gift conditional? If yes, describe the conditions. \_\_\_\_\_

E. For each year an abatement is requested, you must submit:

\* A supplementary questionnaire.

\* A photocopy of your federal and state income tax returns, all schedules, and, if applicable, your spouse's.

\*A photocopy of W-2 form(s) for yourself and, if applicable, your spouse.

**SUPPLEMENTARY QUESTIONNAIRE  
TOWN OF ELIOT**

**APPLICATION FOR PROPERTY TAX ABATEMENT  
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Complete a separate questionnaire for each year for which an abatement is requested.

22. Year for which an abatement is requested: \_\_\_\_\_

23. Property valuation: \_\_\_\_\_

24. Property tax amount: \_\_\_\_\_

25. Unpaid tax balance: \_\_\_\_\_

**F. CERTIFICATION**

I understand that my signature on this application shall serve as authorization for the Town Select Board or its designee(s) to investigate the information contained in this application and supplementary questionnaire(s) and any and all other information pertinent to its making a determination on this application. I further authorize the Town Select Board or its designee(s) to have access to certain records, be they confidential or not, including but not limited to financial institutions, Internal Revenue Service records, Maine Department of Taxation records, medical records and reports, hospital records and reports, Veterans Administration records and reports, Department of Human Services records and reports, and insurance records.

I hereby certify that all of the information in this application and supplementary questionnaire(s) is complete and true to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature                      Date \_\_\_\_\_

\_\_\_\_\_  
Spouse's Signature                      Date \_\_\_\_\_

\_\_\_\_\_  
Other person holding title to the property                      Date \_\_\_\_\_

\_\_\_\_\_  
Other person holding title to the property                      Date \_\_\_\_\_

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SUPPLEMENTARY QUESTIONNAIRE

**\*\*Complete a separate questionnaire for each year for which an abatement is requested.\*\***

Year for which this abatement is requested: \_\_\_\_\_ (see Part I instructions)

Please list any persons in Part I, B-11 who were not a member of the household for this year.

\_\_\_\_\_

**A. WORK HISTORY**

1. Please provide employment information for all household members over 18 for this year.

	Name:	Name:
Trade or occupation		
Employer		
Employer address		
Employment dates		
If unemployed, why?		

	Name:	Name:
Trade or occupation		
Employer		
Employer address		
Employment dates		
If unemployed, why?		

2. If unemployment was or is due to chronic illness or disability, attach a current physician's statement describing the type and length of illness or disability.

**B. ASSET INFORMATION**

3. List all other real estate owned by you or other members of your household:

Description of property	Location	Acres	Assessed value

4. List all checking accounts, savings accounts, safe deposit boxes, etc. maintained by all members of the household in the year for which this abatement is requested.

	Name of Bank	Average monthly balance
Checking accounts		
Savings accounts, CD's		
Stocks, etc.		
Bonds, trust funds, etc.		
Cash	-----	
Other:		

5. List all life insurance policies in effect during the year this abatement is requested.

Company and address	Face amount	Current value

6. For all household members, list all other assets, such as all motor vehicles, recreation vehicles, machinery, valuable property, etc., other than household furnishings.

Description	Age	Current value

7. Did you apply for a state property tax rebate under the Maine Residents Property Tax Program for this year? \_\_\_\_\_ If yes, amount of rebate: \_\_\_\_\_

8. List monthly (or average monthly) income from all sources, for all members of the household. For annual or seasonal income, total up and divide by 12 for monthly amount.

Source of Income	Yes	No	Monthly amount
Employment (after taxes)			
Food stamps			
TANF			
SSI / other disability			
Social Security			
Veteran's benefits			
Retirement and pensions			
Unemployment benefits			
Medicaid			
Renters, roomers or boarders			
Business income			
Alimony			
Tax refunds			
Child support			
Annuities or trusts			
Interest or dividends			
Sale of property or real estate			
Gifts			
Other:			

Total monthly income from all sources: \_\_\_\_\_

Total yearly income from all sources: \_\_\_\_\_

9. Was anyone granted general assistance in this tax year? \_\_\_\_\_  
If yes, town or city \_\_\_\_\_

### C. LIABILITIES AND EXPENSES

10. Provide the monthly average amount needed to maintain the household. For seasonal or variable expenses, add up the annual total and divide by 12. For annual expenses, divide by 12 to get monthly amount.

	Monthly amount	Remarks
<b>SHELTER</b>		
Mortgage		
House insurance		
Property taxes		
Heating fuel		
Cooking fuel		
Electricity		
Telephone		
Mobile phone		
Cable or dish		
Internet service		
Essential repairs		
<b>HOUSEHOLD NEEDS</b>		
Food		
Household supplies		
Personal supplies		
Non-prescription medications		
Prescription medications		
Medical and dental		
Pet food		
Tobacco		
Alcohol		
Clothing		
Books, magazines, papers, etc.		
<b>TRANSPORTATION</b>		
Car payments		
Registration and fees		
Auto insurance		
Fuel, etc (other than to work)		
Repairs		
<b>WORK RELATED EXPENSES</b>		
Transportation to and from work		
Child care		
Special equipment and clothing		
<b>OTHER EXPENSES - list</b>		

Total monthly expenses: \_\_\_\_\_  
 Total yearly expenses: \_\_\_\_\_

11. List all Debts. These may include car loans, credits cards, personal loans, etc. Give the annual average for the balance and payments. For "Current" indicate yes if all minimum payments have been made during the year.

Creditor	Purpose or type	Balance	Monthly payment	Current

12. Abatements for poverty and/or infirmity may be granted if the Select Board determines that you were unable to pay your taxes in the tax year for which you are applying for an abatement. In your own words, state below your reasons for requesting this abatement, and why you feel you qualify for a property tax abatement.



**TOWN OF ELIOT**  
1333 State Road  
Eliot, ME 03903  
(207) 439-1813

**Notice of Decision for Abatement of Taxes**

Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Abatement requested for tax year \_\_\_\_\_

\_\_\_ The abatement for is allowed in the amount of \_\_\_\_\_ is allowed.

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ The requested abatement is not allowed.

Reasons \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY: Town of Eliot:

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A decision on this application must be made by the Eliot Board of Selectmen within 30 days, in accordance with 36 MRSA, section 841. If you are aggrieved by the decision of the municipal officers, you may appeal the decision to the York County Commissioners within 60 days.