

**APPLICATION FOR PROPERTY TAX ABATEMENT  
BECAUSE OF POVERTY AND/OR DISABILITY  
TOWN/CITY OF SWEDEN, MAINE  
(Under 36 M.R.S.A. § 841)**

**A. INFORMATION REGARDING APPLICANT**

1. Full name of applicant: \_\_\_\_\_

2. Marital status: Married \_\_\_\_, Divorced \_\_\_\_, Widowed \_\_\_\_, Separated \_\_\_\_, Single \_\_\_\_

3. A. Mailing address: \_\_\_\_\_  
\_\_\_\_\_

B. Residence: \_\_\_\_\_

4. Phone number: \_\_\_\_\_

5. Date of birth: \_\_\_\_\_

6. Social Security number: \_\_\_\_\_

7. Are you or your spouse a disabled veteran? Yes \_\_\_\_ No \_\_\_\_ If either you or your spouse is disabled, write down who is disabled and describe the disability.

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

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

8. If married, full name of spouse: \_\_\_\_\_

(Note: If in a domestic partnership, please provide information regarding domestic partner for all spouse-related questions.)

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

11. Other members of the household:

Full Name	Birth Date	Relation to Applicant	Occupation

**C. INFORMATION REGARDING PROPERTY**

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

\_\_\_\_\_

13. Approximate acreage: \_\_\_\_\_

14. Purchase date: \_\_\_\_\_

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

16. Property use: Residence \_\_\_\_\_, Business \_\_\_\_\_, Rental \_\_\_\_\_

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? \_\_\_\_\_

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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. \_\_\_\_\_

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

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21. During any of the years for which 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. \_\_\_\_\_

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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.

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

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

For each year 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.

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**SUPPLEMENTARY QUESTIONNAIRE  
TOWN/CITY OF SWEDEN, MAINE**

**APPLICATION FOR PROPERTY TAX ABATEMENT  
BECAUSE OF POVERTY AND/OR DISABILITY**

Complete a separate supplementary questionnaire for each year for which abatement is requested.

- 22. Year for which abatement is requested: \_\_\_\_\_
- 23. Property valuation: \_\_\_\_\_  
(This information is on your tax bill.)
- 24. Property tax amount: \_\_\_\_\_
- 25. Unpaid tax balance: \_\_\_\_\_
- 26. Amount of property tax abatement requested, if different from unpaid tax balance: \_\_\_\_\_  
\_\_\_\_\_

**E. EMPLOYMENT INFORMATION**

	Applicant	Spouse
Trade or occupation		
Employer		
Employer address		
Employment dates		
If unemployed, why?		

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

**F. ASSET INFORMATION**

27. Were you granted general assistance in the year for which abatement is requested?  
 \_\_\_\_\_ If yes, amount: \_\_\_\_\_

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

Description of Property	Location	Acres	Assessed Value

29. List all checking accounts, savings accounts, safe deposit boxes, etc. you maintained alone or with someone else in the year for which abatement is requested.

	Name of Bank	Average Monthly Balance
Checking Accounts		
Savings Accounts		
Safe deposit box		
Other		
(CDs, savings bonds, trust funds, etc.)		

30. List all life insurance policies in effect for the year in which abatement is requested.

Company and Address	Face Amount	Current Value

31. List all other assets, such as motor vehicles, recreation vehicles, and machinery, etc., other than household furnishings.

Description	Date Acquired	Current Value

32. Did you apply for and receive a state property tax rebate under the Maine Residents Property Tax Program (the "Circuit Breaker" Program)? \_\_\_\_\_ If yes, amount of rebate: \_\_\_\_\_

33. List monthly (or average monthly) income from **all** sources, for **all** members of the household: (submit proof)

	Yes	No	Monthly Amount
TANF			
Supplemental Security Income (SSI)			
Social Security Benefits			
Veteran's benefits			
Wages			
Unemployment compensation			
Worker's compensation			
Medicaid			
Business income			
Other income (child support, alimony interest insurance proceeds, income from relatives, renters, etc.)			

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

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

**G. LIABILITY INFORMATION**

34. Estimated monthly needs:

(Note: If some of the expenses listed below are paid once a year, divide that amount by 12 to get the monthly amount. Similarly, if expenses are paid twice a year, divide the amount by 6 to get the monthly amount.)

Food	\$
Household Supplies (paper towels, detergent, etc.)	\$
Personal Supplies (soap, toothpaste, etc.)	\$
Medications (non-prescription)	\$
Other Medication	\$
Medical Insurance	\$
Dental Costs	\$
Life and other Insurance	\$
Clothing	\$

Shelter:

Mortgage Payment	\$
Property Tax	\$
Trailer Lot Rent	\$
Heating Fuel	\$
Electricity	\$
Gas	\$
Telephone	\$
Water	\$
Sewage	\$
Homeowner's Insurance	\$
Trash Removal	\$
Home Repairs	\$

Transportation:

Automobile Payments	\$
Automobile Insurance	\$
Automobile Excise Tax and Registration	\$
Driver's License Fee	\$
Automobile Repairs	\$
Transportation Costs (gas, oil, etc. for other than driving to and from work)	\$

Work-Related Expenses:

Transportation cost to and from work	\$
Cost of special equipment	\$
Cost of special clothing	\$
Cost of lunch or dinner at work	\$
Child care costs	\$
Other: Installment payments: (specify to whom)	\$

35. List all debts.

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



Application for Abatement of Local Property Tax

To the Municipal Officers for the Municipality of \_\_\_\_\_  
(Name of city or town where you are applying)

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 \_\_\_\_\_

A decision on this application must be made by the \_\_\_\_\_  
within 30 days, in accordance with 36 M.R.S.A. §841. If you are aggrieved by the  
decision of the municipal officers, you may appeal the decision to the  
\_\_\_\_\_ within 60 days.