

CITY OF BELFAST  
APPLICATION FOR PROPERTY TAX ABATEMENT  
FOR POVERTY, HARDSHIP OR DISABILITY  
CONFIDENTIAL

MAP/LOT \_\_\_\_\_

CASE# \_\_\_\_\_

DATE: \_\_\_\_\_

**A. INFORMATION REGARDING APPLICANT:**

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

Are you the owner & occupant at this property? \_\_\_\_\_

2. Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow \_\_\_ Widower \_\_\_ Separated \_\_\_ Single \_\_\_ Other

3 a. Mailing Address: \_\_\_\_\_

b. LegResidence: \_\_\_\_\_

4. Phone Number: (H) \_\_\_\_\_ day/evening (C) \_\_\_\_\_ day/evening

5. Date of Birth: \_\_\_\_\_ 6) Social Security #: \_\_\_\_\_

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

7. If married, spouse's full name: \_\_\_\_\_

8. Spouse's date of birth: \_\_\_\_\_ 9. Spouse's SS# \_\_\_\_\_

10. Children, from all marriages, residing in the household, or for whom the applicant is legally responsible for:

Full Name	Date of Birth	Age	Occupation	Residence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Other members of the household:

Full Name	Date of Birth	Age	Relation to Applicant	Occupation	Residence

**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 \_\_\_\_\_ Other \_\_\_\_\_

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

**D. OTHER INFORMATION:**

18. Have you initiated bankruptcy proceedings during any of the years of which an abatement is requested? \_\_\_\_\_ Yes \_\_\_\_\_ No

19. Has any of your property been attached or seized under legal proceedings? \_\_\_\_\_ Yes \_\_\_\_\_ No

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? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please detail:

\_\_\_\_\_

\_\_\_\_\_

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

---

---

What is your current interest in the property? \_\_\_\_\_

---

b. Made any assignment of any property for the benefit of your creditors?  Yes  No.

If yes, give the date, name and address of assignee and terms of assignment:

---

---

c. Sold any assets or personal property?  Yes  No. If yes indicate the estimated value: \_\_\_\_\_. And amount received: \_\_\_\_\_.

d. Made any gifts, other than usual presents, to family members?  Yes  No.

If yes, give name and address of recipient and value of gift: \_\_\_\_\_

---

---

Was the gift conditional?  Yes  No. If yes, describe the conditions: \_\_\_\_\_

---

Have you applied for an abatement in the City of Belfast before? \_\_\_\_ Yes \_\_\_\_ No. If yes, please provide dates applied and the outcome: \_\_\_\_\_

---

---

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  
CITY OF BELFAST

APPLICATION FOR PROPERTY TAX ABATEMENT  
BECAUSE OF POVERTY/HARDSHIP OR DISABILITY

I, hereby apply for abatement of property taxes in accordance with Title 36, MRSA., Section 841, as amended, which permits tax abatement by the municipal officers, who may on their own knowledge or on written application make such abatements as they believe reasonable in the real and personal taxes of all persons who, by reason of infirmity or poverty, are in their judgment unable to contribute to the public charges. This application shall be answered in writing **within 30 days of date of application.**

---

INSTRUCTIONS: All questions should be answered. You may be requested to supply additional data to support your request. A separate application must be submitted for each year an abatement is requested.

22. Year for which an abatement is requested \_\_\_\_\_
23. Property valuation: \_\_\_\_\_
24. Property tax amount: \_\_\_\_\_
25. Unpaid tax balance: \_\_\_\_\_

**E. EMPLOYMENT INFORMATION**

- |                          | <u>Applicant</u> | <u>Spouse</u> |
|--------------------------|------------------|---------------|
| 26. Trade or occupation: | _____            | _____         |
| 27. Employer:            | _____            | _____         |
| 28. Employer address:    | _____            | _____         |
| 29. Employment dates:    | _____            | _____         |
| 30. 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**

31. Were you granted general assistance in the year for which abatement is requested? \_\_\_Yes \_\_\_No.

If yes, amount: \$ \_\_\_\_\_

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

Description of Property: \_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_

Acres: \_\_\_\_\_

Assessed Value: \_\_\_\_\_

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

Name of Bank \_\_\_\_\_ Average Monthly Balance: \_\_\_\_\_

Checking Accounts \_\_\_\_\_

Savings Accounts \_\_\_\_\_

Safe deposit box \_\_\_\_\_

Other CD's, savings bonds, trust funds, etc. \_\_\_\_\_  
\_\_\_\_\_

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

<u>Description (year, make,model)</u>	<u>Date Acquired</u>	<u>Current Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

36. List monthly (or average monthly) income from all members of the household.  
(submit proof)

			<u>Monthly Amount</u>
TANF	Yes	No	_____
SSI	Yes	No	_____
SSDI	Yes	No	_____
Social Security	Yes	No	_____
Retirement/Pension Plan	Yes	No	_____
Veteran's/Military Benefits	Yes	No	_____
Employment Wages	Yes	No	_____
Unemployment Comp.	Yes	No	_____
Worker's Compensation	Yes	No	_____
Child Support	Yes	No	_____
Alimony	Yes	No	_____
Renters/Boarders	Yes	No	_____
Education Grants/Living Ex.	Yes	No	_____
Annuities	Yes	No	_____
Lottery Winnings	Yes	No	_____
State Refund	Yes	No	_____
Federal Refund	Yes	No	_____
Cash on Hand	Yes	No	_____
Income from Relatives	Yes	No	_____
Other	Yes	No	_____

Business income, other income, interest insurance proceeds, income from relatives, etc.      Yes      No      \_\_\_\_\_

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

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

What are the steps you plan to take to pay your property taxes as you move forward?

---



---



---



---



---



---



---



---

**G. BUDGET SHEET & LIABILITY INFORMATION**

37. Average monthly expenses:

	<u>Monthly</u>	<u>Yearly</u>
Mortgage (principal and int.)	\$ _____	\$ _____
House Insurance	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
Heat	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Water	\$ _____	\$ _____
Sewer	\$ _____	\$ _____
Propane (cooking fuel)	\$ _____	\$ _____
Telephone/Cell Phone (s)	\$ _____	\$ _____

Cable/Internet	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing (Personal)	\$ _____	\$ _____
Household/Personal Supplies	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____
Medical/Dental	\$ _____	\$ _____
Medical/Dental Insurance	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____
Transportation (gas, oil, etc. for other Than driving to and from work)	\$ _____	\$ _____
Auto Payment (s)	\$ _____	\$ _____
Loan Payment (s)	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Trash Removal	\$ _____	\$ _____
Home Repairs	\$ _____	\$ _____
Trailer Lot Rent	\$ _____	\$ _____
Auto Insurance	\$ _____	\$ _____
Auto Excise Tax/Registration	\$ _____	\$ _____
Driver's License Fee	\$ _____	\$ _____
Auto Repairs	\$ _____	\$ _____
Clothing (Work)	\$ _____	\$ _____
Auto gas (Work)	\$ _____	\$ _____
Alcohol	\$ _____	\$ _____
Tobacco/Cigarettes	\$ _____	\$ _____
Pet Food/Products	\$ _____	\$ _____

Storage Unit	\$ _____	\$ _____
Bail/Fines/Court Fees	\$ _____	\$ _____
Rental/Lease (Rental Centers)	\$ _____	\$ _____
Child Support (pay)	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>TOTAL MONTHLY EXPENSES:</b>	<b>\$ _____</b>	<b>\$ _____</b>

38. List all debts:

<u>Name</u>	<u>Purpose</u>	<u>Date Incurred</u>	<u>Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that my signature on this application shall service as authorization for the Municipal Officers or its designee(s) to investigate the information contained in this application and supplementary questionnaire and any and all other information pertinent to its making a determination on this application. I further authorize the Municipal Officers 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 Health & Human Services records and reports and insurance records.

39.SIGNATURES:

_____	Date: _____
Applicant	
_____	Date: _____
Applicant	
_____	Date: _____
Welfare Director	

