

APPLICATION FOR POVERTY TAX ABATEMENT

The Municipal officers of the Town of Gorham, within 3 years from commitment, may, on their own knowledge or on written application therefor, make such abatements as they believe reasonable on the real and personal taxes on the primary residence of any person who, by reason of hardship or poverty, is in their judgement 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 Town Clerk, 75 South Street, Gorham, ME 04038. If you have any questions, please call 222-1670.

After receipt of an application, the Town Clerk 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 Town 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.

.....

The Town has the responsibility of ensuring that all tax payers pay their fair share of property taxes. Granting abatements of taxes shifts that property tax burden onto all other tax payers. Therefore, it is the responsibility of an applicant to prove that they are unable to pay the property taxes levied against their property. In order for the Town to carry out its responsibility, the Town needs to verify the information provided by an applicant on their application for an abatement of taxes based on poverty. Before the Town Clerk will consider applications complete and ready for processing, applicants need to provide verification for the following information:

ALL HOUSEHOLD INCOME:

1. Applicants shall provide complete copies of their last two (2) Federal and State Income tax returns and if applicable, copies of spouses/partners Federal and State income tax returns.
2. Photo copy of any W-2 forms for yourself and spouse/partner.
3. A copy of any of you and your spouse's/partner's Social Security Benefit Statements, Veteran Benefit Statement or the Benefit Statement from any other source of income, including SNAP benefits, LHEAP benefits, WIC benefits, and any other benefits you receive from the State.

ALL HOUSEHOLD EXPENSES:

1. A statement of your last monthly mortgage payment showing monthly principle, interest and remaining amount of loan.
2. A copy of your homeowner's insurance and most recent annual bill.
3. A copy of your most recent property tax bill.
4. A copy of your heating bills for the past year.
5. A copy of your electric bills for the past year.
6. A copy of your water and sewer bills for the past year.
7. A copy of your most recent telephone bill.
8. A copy of your most recent life insurance bill.
9. A copy of your most recent Medical Insurance bill.

We may also request additional verification of these items or of any expenses listed on your application.

APPLICATION FOR POVERTY TAX ABATEMENT

TOWN OF GORHAM 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 # _____
Partner/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 # _____
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 _____

APPLICATION FOR POVERTY TAX ABATEMENT

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/Partner
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	_____	_____	_____	_____

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

	Name of Bank	Amount in account
Checking Accounts	_____	_____
Savings Accounts	_____	_____
CD's, Savings Bonds	_____	_____
Trusts, Stocks, Investments	_____	_____
Pension/Retirement	_____	_____

INCOME INFORMATION: **List income for each member of household**

Attach 4 most recent pay stubs for each job, SSI statement, proof of child support, TANF statement

List monthly amounts received and source of income: i.e. Job, Child Support, SSI, TANF, relatives, etc.

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

WELFARE BENEFITS: List MONTHLY amount received and **attach benefit statement**

TANF _____ WIC _____ LHEAP _____

SNAP _____ TOWN OF GORHAM WELFARE _____

APPLICATION FOR POVERTY TAX ABATEMENT

HOUSEHOLD EXPENSES: (Monthly)

Rent/Mortgage	\$	_____
CMP	\$	_____
Heat(after LHEAP)	\$	_____
L.P. Gas	\$	_____
Sewer/Water	\$	_____
Food(after SNAP)	\$	_____
Medications	\$	_____
House Insurance	\$	_____
Car Insurance	\$	_____
Real Estate Taxes	\$	_____
Telephone	\$	_____

Transportation	\$ _____
Cable /Direct TV	\$ _____
Internet	\$ _____
Child Support	\$ _____
Car Payments	\$ _____
Credit Cards	\$ _____
Loans	\$ _____
Child care	\$ _____
Medical Insurance	\$ _____
Other _____	\$ _____
Other _____	\$ _____

DEBTS: List creditors, account numbers, date debt incurred, total due and monthly payments:

Credit Cards

Store Accounts_____

Other Loans _____

PLEASE STATE REASON YOU ARE REQUESTING A POVERTY TAX ABATEMENT AND WHY YOU FEEL YOU QUALIFY: _____

Did you apply for the Maine Residents Property Tax Refund Program? _____ Amount received \$ _____

Was this applied to your taxes? ☐ If not, why not? _____

Are you eligible for a State or Federal Income Tax Refund? ____ If so, how much? \$_____

Have you contacted the Town's finance department to make payment arrangements for your taxes? _____

If so, what is the arrangement and is it up-to-date? _____

Have you contacted your mortgage company for assistance with your taxes? _____

APPLICATION FOR POVERTY TAX ABATEMENT

I, the undersigned, hereby swear and affirm that the preceding information is complete and true to the best of my knowledge/belief, and I hereby authorize the Municipal Officers of the Town of Gorham to refer this application to the Town Clerk for verification and authorize the Town Clerk to contact my employer(s), creditors, banks, mortgage or other persons named in this application for purposes of verifying the information supplied. I 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. I understand that my signature on this application shall serve as authorization for the Town Council or its designee(s) to investigate the information contained in this application and any and all other information pertinent to its making a determination on this application. I further authorize the Town Council 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 the above information in this application is true to the best of my knowledge and belief.

Dated this date_____

Signed_____

Applicant

Signed_____

Applicant

State of Maine

County of Cumberland

Subscribed and sworn to before me this Day_____

By _____

Notary's Official Signature

Commission Expiration

