

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

Full Name	Date of Birth	Occupation	Age

11. Other members of the household:

Full Name	Date of Birth	Relation to Applicant	Occupation	Age

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 abatement is requested: _____

D. OTHER INFORMATION

18. Have you initiated bankruptcy proceedings during any of the years of 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 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. Sold any assets or personal property? If yes indicate the estimated value, _____ . And amount received. _____

d. Made any gifts, other than usual presents, to family members? If yes name and address of recipient and value of gift. _____

Was the gift conditional? If yes, describe the conditions. _____

Have you applied for an abatement in the City of South Portland before? YES NO

If Yes, please provide dates applied and the outcome:

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, yours spouse.

SUPPLEMENTARY QUESTIONNAIRE

CITY OF SOUTH PORTLAND

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

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

22. Year for which an abatement is requested _____

23. Property valuation: _____

24. Property tax amount _____

25. Unpaid tax balance: _____

EMPLOYMENT INFORMATION

Applicant

Spouse

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?

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 CDs, savings bonds, trust funds, etc. _____

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

Description	Date Acquired	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)

	Yes	No	Monthly Amount
TANF			_____
SSI			_____
SSDI			_____
Social Security			_____
Veteran's benefits			_____
Wages			_____
Unemployment compensation			_____
Worker's compensation			_____
Business income Other income (Child support, alimony			_____
Interest insurance proceeds, income			_____
From relatives, etc.)			_____
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>Actual</u>	<u>Allowed by GA</u>
Mortgage (principal and int.)	_____	_____
House insurance	_____	_____
Property taxes	_____	_____
Heat	_____	_____
Electricity	_____	_____
Water	_____	_____
Sewer	_____	_____
Cooking fuel	_____	_____
Telephone (s)	_____	_____
Cable/Internet	_____	_____
Food	_____	_____
Clothing	_____	_____
Personal Supplies	_____	_____
Prescriptions	_____	_____
Medical/Dental	_____	_____
Life insurance	_____	_____
Medical insurance	_____	_____
Transportation (gas, ins. etc.)	_____	_____
Car Payments	_____	_____
Loan payments	_____	_____
Child care	_____	_____

Other - Alcohol	_____	_____
Other – Tobacco	_____	_____
Other – Pet Products	_____	_____
TOTAL MONTHLY EXPENSES	_____	_____
NET INCOME	_____	_____
AVAILABLE INCOME	_____	_____

38. List all Debts

Name	Purpose	Date Incurred	Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that my signature on this application shall service as authorization for the City Council 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 City 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, medial 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	

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

