TOWN OF BUCKFIELD

APPLICATION FOR ABATEMENT OF LOCAL PROPERTY TAX (Under 36 M.R.S.A. §841)

Name of Applicant:

Name of Spouse:

Address:

Phone No.:

City/Town of legal residence:

Marital Status: Married , Widowed , Divorced , Separated , Single

List all household members, including you and your spouse:

Are you or your spouse a disabled veteran? Yes No

If either you or your spouse are disabled, write down who is disabled and describe the disability:

Describe the real estate for which you need an abatement:

Description: (For example, land and buildings at 4 North St., or, land and buildings, Map 24 Lot 12)

Location: (town)

Current Assessed Value: (This information is on your tax bill

Mortgages or Encumbrances on this property: $

Lender:

Name or names on deed to this property:

Amount of property tax abatement requested: $ (Write down the amount of the tax that you cannot pay. This can be either the whole amount of the tax, or just part of it.)

Reason for requesting abatement: (For example, you don't have enough income to meet necessary expenses.)

List the amounts of family income from EVERY source, and write down whether this income is received weekly, monthly, or yearly:

INCOME:

1. Social Security Benefits: $

2. Supplemental Security Income (SSI) $

3. Veteran's Pension $

4. Temporary Assistance for Needy Families (TANF) $

5. General Assistance from Town or City (if received regularly) $

6. Unemployment Compensation $

7. Net Income from Employment (after taxes) $
(Name of Employer)

8. Child Support Payments (if received regularly) $

9. Alimony (if received regularly) $

10. Income from Renters, Roomers or Boarders $

11. Educational Grants $

12. Other Retirement $

13. Annuity or Trust Fund $

14. Interest from Securities or Investments $

15. Gifts (occurring on a regular basis) $

16. Any other income $
(Please Specify

ASSETS: (please list cash value)

1. Real estate other than your home $

2. Car (Make: Year:) $

3. Valuable personal property (other than necessary household furnishings) $
(Please specify

4. Savings Account $

5. Stocks, Bonds $

6. Life Insurance $

7. Checking Account $

8. Cash on hand $

9. Other (Please specify) $

OUTSTANDING INDEBTEDNESS:

Creditor's Name:	Total Amount Owed
	$
	$
	$

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 Cost (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	$

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 Buckfield Select Board 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 Oxford County Commissioners within 60 days.