

TOWN OF WINDHAM POVERTY TAX ABATEMENT

The Municipal officers of the Town of Windham, within 3 years from commitment, may, on their own knowledge or on written application therefore, 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 Rene Daniel, Town of Windham GA Administrator. Please call Rene at 207-892-1906 to make an appointment to discuss your application. DO NOT SIGN AND DATE THE APPLICATION UNTIL YOU MEET WITH THE GA ADMINISTRATOR.

After receipt of the application, the GA Administrator 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.

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The Town has the responsibility of ensuring that all taxpayers pay their fair share of property taxes. Granting abatements of taxes shifts that property tax burden onto all other taxpayers. 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 GA Administrator 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 all household income.**
- 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.**

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

TOWN OF WINDHAM, MAINE
APPLICATION FOR ABATEMENT
 Inability to Pay – Hardship or Poverty
 36 M.R.S. § 841

For Office Use Only			
CASE # : 202__ - ____		Council Decision / /	
Application Submitted	Application Completed	Council Decision	Amount Abated
/ /	/ /	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	\$

Please answer all questions, and submit record of all household income with the form (paystubs, benefit letter, etc). You may be requested to supply additional information to support your request. An application must be submitted each year for which an abatement is requested. Pursuant to 36 M.R.S. § 841 (2)(C), the municipality will provide a written decision within 30 days from the date they receive your completed application.

1. HOUSEHOLD (Please type or print)

Name of Applicant:	Date of Birth: / /	Place of Birth:	
Physical Address:	How Long?	Primary Residence? YES / NO	
Mailing Address:	Social Security Number:		
Location of Property for which you are requesting an abatement?	Is this your primary residence? YES / NO		
Map: Lot#: Lot size:	Tax Year for which abatement is requested: 201__		
Assessed Value: \$ _____ / Building + \$ _____ / Land = \$ _____ / Total			
Have you applied for a Tax Abatement in the past? YES / NO If YES, Where and When? Was it Approved? YES / NO			
Has anyone in your household applied for General Assistance in the past? YES / NO If YES, Where and When? Were they Eligible? YES / NO			
Are you eligible for the Homestead Exemption? YES / NO	Are you currently receiving the Homestead Exemption? YES / NO		
Are you eligible for the Maine Property Tax Fairness Credit? YES / NO	Have you received the Maine Property Tax Fairness Credit for the tax year in question? YES / NO Amount: \$ _____		
Are you eligible for the Town of Windham's Property Tax Assistance Ordinance? YES / NO	Have you received a benefit from the Town of Windham's Property Tax Assistance Ordinance? YES / NO \$ _____		
Does anyone in your household receive Mainecare? YES / NO	Do you live in Subsidized Housing? YES / NO		
Does anyone in your household receive a Utility Allowance? YES / NO			
Do you receive SNAP Benefits (Food Stamps)? YES / NO	If YES, How Much? \$		
Has your household filed for an Income Tax Refund? YES / NO	If YES, How Much? \$		
Applicant is: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Total number of people in household:	Is everyone in the household a US Citizen? YES / NO		
Household Members Living with Applicant	Relationship	Date of Birth	Social Security Number
1.		/ /	
2.		/ /	
3.		/ /	
4.		/ /	
5.		/ /	

2. HOUSEHOLD INCOME: All income received from the date of tax commitment (for the tax year in which the abatement is requested) through the date of the tax abatement application must be included.

Name of Family Member	Type of Income (see options below)	Weekly Bi-Weekly Monthly	Total Amount Received	Additional Information

Types of Income: Employer, Unemployment, Child Under 18, Social Security, SSI/SSDI, Pension, Retired, VA Benefits, Unemployment, Workers Compensation, Child Support, Alimony, Rentals, Other

3. HOUSEHOLD EXPENSES

Please include all expenses during the tax year for which the abatement is requested through date of application.

Food	\$	Prescriptions	\$	Water	\$
Housing	\$	Gas	\$	Sewer	\$
Utilities	\$	Credit Cards	\$	Car	\$
Propane	\$	Phone	\$	Car #2	\$
Fuel	\$	Internet	\$	Auto Insurance	\$
Household Items	\$	Cable	\$	Pet Food	\$
Personal Items	\$	Tobacco	\$	Fines/Bails	\$
Medical/Dental	\$	Alcohol	\$	Other: _____	\$
Other: _____	\$	Other: _____	\$	Other: _____	\$

Please include supporting documentation to support household expenses.

4. HOUSEHOLD ASSETS

Type of Asset	Value	Description	Asset Owned By:
Home	\$		
Real Estate (other than home)	\$		
Bank Accounts: Checking	\$		
Savings	\$		
Investments: Stocks, Bonds, Retirement Account(s), Life Insurance, etc.	\$ _____ \$ _____ \$ _____	_____ _____ _____	_____ _____ _____
Vehicle(s) i.e., car, truck, motorcycle)	\$ _____ \$ _____	_____ _____	_____ _____
Recreational Vehicle (s) (i.e., camper, ATV, snowmobile, boat)	\$ _____ \$ _____	_____ _____	_____ _____
Other	\$ _____ \$ _____	_____ _____	_____ _____

5. REASON FOR ABATEMENT

Describe why you are requesting this abatement and why you feel you qualify:

Please note: Applicants have the burden of proving an inability to contribute to the public charges (taxes) both at the time of application and during the tax years for which the abatement is being requested. Additional information may be requested by the Town of Windham after reviewing the application and documentation supporting both income and expenses should be included with the application. Falsifying or providing misleading information may result in a denial of the abatement and disqualification for further consideration. The Town of Windham will provide a written decision within 30 days of receiving a completed application (as certified by an authorized Town representative).

Statement by Applicant: I hereby affirm that the facts in this application are true, correct and complete, and that I have not knowingly withheld any information. I understand the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive an Abatement; therefore, I hereby give my express permission for the Administrator to contact the following specific sources or persons to verify any or all information material to the determination of the Poverty Abatement eligibility for my primary residence:

- Employer(s) (past/present);
- Persons, organization or businesses referenced in this application;
- Bank(s) or financial institutions;
- Any applicable department of the State of Maine;
- Relatives, specify: _____
- Persons/vendors to whom I owe money (i.e. utility company, fuel dealer, car dealership, etc.)
- The following specific sources of information: _____

Applicant's Signature: _____ Date: _____

