

THE TOWN OF
YORK, MAINE

PROPERTY TAX RELIEF APPLICATION

(Property Tax Relief Ordinance – Adopted May 21, 2016)

*Instructions: This application must be filed with York Community Service Association (PO Box 180, York, Maine 03909; (207) 363-5504) between February 1 and June 15 to be considered for benefits. Each application **must** be accompanied by satisfactory evidence of eligibility and tax credit payment by the State of Maine under the State of Maine's Property Tax Fairness Credit Program.*

Name of Applicant: _____ OWNER RENTER

Residence Address: _____ - _____
Map - Lot

Mailing Address: _____

Phone Number: _____ E-mail Address: _____

Eligibility: York residents who qualify for a tax credit under the State of Maine's Property Tax Fairness Credit Program shall be eligible for a benefit of up to 50% of the tax credit calculated under the State Program; provided, the benefit to be received by any applicant shall not exceed the sum of \$450.00 per household per year. Approved benefits shall be distributed by the Town on a first-come first-served basis until the budgetary account is exhausted.

1. Does the applicant have a homestead in the town of York, Maine - If so, how many?: YES NO
2. Does the applicant pay property taxes on a homestead in the town of York, Maine or pay rent for the rental of a homestead in the town of York, Maine? YES NO
3. Did the applicant receive a tax credit under the State of Maine's Property Tax Fairness Credit Program for the prior year's income tax? YES NO

Please return this application with a copy of your prior year's Form 1040ME with Schedule PTFC and Proof of State Property Tax Fairness Credit Received (ex. copy of payment from the State of Maine or bank statement reflecting deposit of tax return)

I hereby declare, aware of penalties for perjury that the answers to the above are, to the best of my knowledge and belief, true, correct and complete. I also understand that I must file a Property Tax Relief Application each year that I wish to be considered for benefits.

Applicant Signature: _____ Date: _____

RETURN APPLICATION TO YORK COMMUNITY SERVICE ASSOCIATION – PO Box 180, YORK, MAINE 03909

FOR OFFICE USE ONLY

Processed By:	Received Date:
<input type="checkbox"/> Denied	<input type="checkbox"/> Approved