



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

For Office Use Only			
CASE # :		Selectmen Decision / /	
Application Submitted	Application Completed	Selectmen 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:		
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			
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 MONTHLY INCOME

Name of Family Member	Type of Income (see options below)	Weekly Bi-Weekly Monthly	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

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

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:

Applicant's Signature: _____ Date: _____

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Administrator's Signature: _____ Date: _____