TOWN OF BUCKSPORT
SUPPLEMENTAL QUESTIONNAIRE
APPLICATION FOR PROPERTY TAX ABATEMENT
BECAUSE OF POVERTY AND/OR DISABILITY

COMPLETE A SEPARATE QUESTIONNAIRE FOR EACH YEAR FOR WHICH AN ABATEMENT IS REQUESTED.

1. Year for which abatement is requested._____
2. Property Valuation_____
3. Property Tax amount_____
4. Unpaid tax balance_____

EMPLOYMENT INFORMATION:

.: Applicant Spouse

Trade/Occupation _____ _____

Employer _____ _____

Employer Address _____ _____

_____ _____

Employment Dates _____ _____
_____ _____
_____ _____

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.

ASSET INFORMATION

Were you granted general assistance in the year for which an abatement in requested?_____
_____

List all other real estate owned by you or other members of your household.

Description of Property	Location	Acres	Assessed Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL LIFE INSURANCE POLICIES IN EFFECT FOR THE YEAR IN WHICH THE ABATEMENT IS REQUESTED.

Company & Address	Face Amount	Current Value
_____	_____	……. _____
_____	_____	……. _____

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.

Checking Account_____

Savings Account_____

Safe Deposit box _____

Other: CD's, Savings Bonds, Trust Funds-for example.

LIST ALL OTHER ASSETS, SUCH AS MOTOR VECHICLES, RECREATIONAL VEHICLES AND MACHINERY ETC., OTHER THAN HOUSEHOLD FURNISHINGS.

DESCRIPTION	DATE ACQUIRED	CURRENT VALUE
_____	_____	_____

DID YOU APPLY FOR AND RECEIVE A STATE PROPERTY TAX REBATE UNDER THE MAINE RESIDENT'S PROPERTY TAX REFUND PROGRAM, KNOWN AS THE "CIRCUIT BREAKER" PROGRAM?_____
If yes, amount of rebate_____:

List monthly (or average monthly) income from **all** sources for **all** members of the household:

	Yes	No	Amount monthly
TANF	___	___	_____
SSI	___	___	_____
Social Security	___	___	_____
Veteran's Benefits	___	___	_____
Wages/Salary	___	___	_____
Unemployment Compensation	___	___	_____
Medicaid	___	___	_____
Business Income	___	___	_____
Other*	___	___	_____

*Other should include child support, alimony, interest, insurance proceeds, money from friends or family-for example.

INCOME CONTRIBUTED OR AVAILABLE FOR DISTRIBUTION TO THE HOUSEHOLD FOR PAYMENT OF EXPENSES._____

TOTAL MONTHLY INCOME FROM ALL SOURCES:_____

Annual income from any trusts or other sources:_____

TOTAL YEARLY INCOME FROM ALL SOURCES_____

LIABILITY INFORMATION

Average monthly expenses:

Mortgage payment_____
House Insurance_____

Property Taxes_____
Heat_____
Electricity_____
Water_____
Cooking Fuel_____
Telephone(s)_____
Food_____
Clothing_____
Personal Supplies_____
Household_____
Prescriptions_____
Medical/Dental_____
Life Insurance_____
Medical Insurance_____
Necessary Transportation_____
Loan Payments_____
Child care_____
Other_(specify)_____
Total monthly expenses_____
TOTAL YEARLY EXPENSES_____

LIST ALL DEBTS (INCLUDING MORTGAGE ON PROPERTY AND ANY REAL ESTATE DEBTS):

Name & Address	Purpose	Date Debt Incurred	Amount Due	Monthly Pay't
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ss. State of Maine

I (we) certify that the information provided by me (us) in this application is true and correct to the best of my (our) knowledge.

Signed_____ Date_____

Print Signature_____

Signed_____ Date_____

Print Signature_____

Personally appeared before me_____and_____

Signed this statement.

_____***Notary Public***

NOTE TO APPLICANTS:

Abatements for poverty and/or infirmity may be granted if the Town Council determines that you were unable to pay your taxes and contribute to the public charge in the year for which you are applying for an abatement. In your own words, state in the space below your reasons for requesting this abatement and why you feel you qualify for a property tax abatement.

_____

_____

_____

_____

_____

_____

_____

_____

You will receive notice of the decision within 30 days of receipt of complete application with required documentation attached.