

MUNICIPALITY OF SMITHFIELD

Application for Abatement

INABILITY TO PAY - INFIRMITY OR POVERTY

INSTRUCTIONS: All questions should be answered. You may be requested to supply additional data to support your request. An application must be submitted each year for which abatement is requested. Pursuant to Title 36, MRSA § 841(2)(C), a written decision shall be made within 30 days of the date of application.

1. Name _____

2. Mailing Address _____

3. Legal Residence _____

4. Date of Birth _____

5. Place of Birth _____

6. Married or Single, Widow or Widower _____

7. Name of Next of Kin (Husband or Wife and Children; or if None, Other Next of Kin):

NAME	AGE	ADDRESS	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. What means of support has applicant (Explain Briefly): _____

9. Real estate owned by applicant, and if married, by husband or wife: kind (i.e. home, farm, woodlot, etc.)

LOCATION	OWNER'S VALUE
_____	\$ _____
_____	\$ _____

10. Mortgage or encumbrances on this property: \$ _____

11. Total value of bank accounts in name of applicant, and if married, in name of husband or wife:

\$ _____

12. Current cash value of securities or insurance owned: \$ _____

13. Brief description and value of other personal property owned including cash:

14. Amount of annuity or pension received each year: \$ _____

15. Total annual cash income of applicant, and if married, of husband and wife, exclusive of annuity or pension of Item 14: \$ _____

16. Remarks: _____

I hereby apply for abatement of property taxes in accordance with Title 36, MRSA § 841, as amended, which permits tax abatement by the municipal officers, or the State Tax Assessor for the unorganized Territory who may on their own knowledge or on written application therefor, make such abatements as they believe reasonable in the real and personal taxes of all persons, who, by reason of infirmity or poverty, are in their judgment unable to contribute to the public charges. The answers to the above questions are correct to the best of my knowledge and belief.

Date: _____

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

Town of Smithfield Poverty Abatement (Office Use Only)

Property Tax for Year _____

The attached application for a Poverty Abatement has been

_____ Approved _____ Denied

Reason for Denial if Checked:

Board of Selectmen

Date: _____

Richard A. Moore, 1st Selectmen

Dale M. Churchill, 2nd Selectmen

Justin S. Furbush, 3rd Selectmen