

**SUPPLEMENTARY QUESTIONNAIRE  
APPLICATION FOR PROPERTY TAX ABATEMENT  
BECAUSE OF HARDSHIP OR POVERTY  
TOWN OF WINDSOR**

*Complete a Separate Questionnaire for Each Year for Which an Abatement is Requested*

1. Year for which an abatement is requested: \_\_\_\_\_
2. Property valuation: \_\_\_\_\_
3. Property tax amount: \_\_\_\_\_
4. Unpaid tax balance: \_\_\_\_\_

**A. EMPLOYMENT INFORMATION**

	Applicant	Spouse
Trade or Occupation		
Employer		
Employer's 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.

**B. ASSET INFORMATION**

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

Description of property	Location	Acres	Assessed value

2. List all checking accounts, savings accounts, safe deposit boxes, securities, investments, etc. you maintained alone or with someone else in the year for which an abatement is requested:

Type	Name of bank, broker, etc.	Average monthly balance

3. List all life insurance policies in effect for the year in which an abatement is requested:

Company and address	Face amount	Current value

4. List all cash owned by you or being held for you, and all other assets, such as motor vehicles, recreational vehicles, machinery, etc., other than household furnishings:

Description	Date acquired	Current value

5. Did you apply for and receive a state property tax rebate under the Maine Residents Property Tax Program? \_\_\_\_\_ If Yes, amount of rebate: \_\_\_\_\_

6. List monthly (or average monthly) income from **all** sources, for **all** members of the household: (submit proof)

Type	Yes	No	Monthly amount
SSI Disability			
TANF/AFDC			
SSI Retirement			
Veteran's Benefits			
Wages, salaries, bonuses			
Unemployment compensation			
Worker's compensation			
Medicaid			
Business income			
Other,			
Other,			
Other,			

Total monthly income from all sources: \_\_\_\_\_

Total annual income from all sources: \_\_\_\_\_

**C. LIABILITY INFORMATION**

1. Expenses:

Expense	Actual monthly expense	Allowed by general assistance
Mortgage principal and interest		
House insurance		
Property taxes		
Heat		
Electricity		
Water		
Sewer		
Cooking fuel		
Telephone		
Food		
Clothing		
Personal supplies		
Medications		
Medical/Dental		
Life insurance		
Health insurance		
Necessary transportation		
Loan payments		
Child care		
Other,		
Other,		

Total monthly expenses: \_\_\_\_\_

Total annual expenses: \_\_\_\_\_

2. Debts:

Creditor name and address	Purpose of loan	Date debt incurred

**Abatements for hardship or poverty may be granted if the Municipal Officers determine that you were unable to pay your taxes or contribute to the public charge in the year for which you are applying for abatement. In your own words, state below your reasons for requesting this abatement and why you feel you qualify for a property tax abatement.**

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I understand that my signature on this application shall serve as authorization for the Town or its designee(s) to investigate the information contained in the application and supplementary questionnaire and any and all other information pertinent to its making a determination on this application. I further authorize the Town or its designee(s) to have access to certain records, be they confidential or not, including but not limited to financial institutions, Internal Revenue Service records, Maine Revenue Services record, medical records and reports, hospital records and reports, Veterans Administration records and reports, Department of Human Services records and reports, and insurance records.

I hereby certify that all of the information in this application and supplementary questionnaire(s) is true to the best of my knowledge and belief

Date: \_\_\_\_\_  
Signature of applicant

Date: \_\_\_\_\_  
Signature of spouse

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Date: \_\_\_\_\_  
Notary Public

Date: \_\_\_\_\_  
Signature of local assessor

Date: \_\_\_\_\_  
Signature of local welfare director

A decision on this application must be made by the Town within thirty (30) days, in accordance with 36 M.R.S.A., section 841. If you are aggrieved by the decision of the municipal officers, you may appeal the decision to the Islesboro Board of Assessment Review within sixty (60) days.

**DECISION**

\_\_\_\_ The abatement requested is allowed in the amount of \$\_\_\_\_\_

\_\_\_\_ The abatement requested is denied because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

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