



**Town of Warren**  
**Application for Abatement**  
 INABILITY TO PAY - INFIRMITY OR POVERTY

167 Western Road  
 Warren, ME 04864  
 Tel (207) 273-2421  
 Fax (207) 273-3107

**Members of the Household** (List all, even if you are not requesting assistance for them)

Name	Relationship	Birth Date	Job (yes/no)
Name	Relationship	Birth Date	Job (yes/no)
Name	Relationship	Birth Date	Job (yes/no)
Name	Relationship	Birth Date	Job (yes/no)
Name	Relationship	Birth Date	Job (yes/no)
Name	Relationship	Birth Date	Job (yes/no)
Name	Relationship	Birth Date	Job (yes/no)



**Employment Information**

Is the applicant currently employed? Yes  No  If yes, Type of Job \_\_\_\_\_

Employer \_\_\_\_\_

Name & Address : \_\_\_\_\_

Date Hired: \_\_\_\_\_ Wages: \_\_\_\_\_

Hours: \_\_\_\_\_



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**List three previous employers, starting with the most recent:**

Employer	Address	Date Job Ended

If applicant or household members are not employed, what is the reason?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have applicant and household members registered with the Maine Job Service? \_\_\_\_\_  
 If yes please provide verification: \_\_\_\_\_

**Asset Verification**

**Assets:** Does the applicant, or any household member, own any of the following?

Type			Value
Cash on Hand	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____
Checking Account Balance	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	Please Attach Statement
Savings Account Balance	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	Please Attach Statement
Stocks/Bonds/Mutual Funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	Please Attach Statement
Retirement/IRA/457/401K, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	Please Attach Statement
Life Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Term/Whole?	Amount \$ _____





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**Income**

**Sources of Income of Applicant and Other Household members:**

Type	Amount Received Weekly/Monthly	Name of Recipient
Salaries/Wages	\$ _____	_____
TANF	\$ _____	_____
Social Security	\$ _____	_____
Veteran's Pension	\$ _____	_____
Retirement Pension	\$ _____	_____
Unemployment Comp.	\$ _____	_____
Worker's Comp.	\$ _____	_____
Child Support/Alimony	\$ _____	_____
SSI	\$ _____	_____
SSDI	\$ _____	_____
Dividend/Interest	\$ _____	_____
Income from Relatives	\$ _____	_____
Food Stamps	\$ _____	_____
Other	\$ _____	_____
<b>TOTAL</b>	<b>\$ _____</b>	

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you, or any household members, have any lawsuits, Workers' Comp or Social Security cases pending?    Yes  No

Name/Address of your attorney: \_\_\_\_\_

Have you received any settlements in the past 12 months? If so, Amount? \_\_\_\_\_



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Have you or any of your family members filed a tax return this year? Yes  No

What amount are you receiving back or have you received back already? \_\_\_\_\_

Did you get an income tax refund last year? Yes  No  How much? \_\_\_\_\_

### MONTHLY EXPENSES:

Food *	\$ _____	Taxes	\$ _____	Student Loan	\$ _____
Insurance	\$ _____	Tobacco	\$ _____	Child Support	\$ _____
Internet	\$ _____	Rent/Mortgage	\$ _____	Alcohol	\$ _____
LP Gas	\$ _____	Child Care	\$ _____	Lottery Tickets	\$ _____
Prescription	\$ _____	Electricity	\$ _____	Rent to Own \$	\$ _____
Sewer	\$ _____	Heating Fuel	\$ _____	Netflix/Movie	\$ _____
Telephone	\$ _____	Cell Phone	\$ _____	Fines	\$ _____
Water	\$ _____	Medical	\$ _____	Cable	\$ _____
Credit Card	\$ _____	Credit Card	\$ _____	Credit Card	\$ _____
Other	\$ _____	Other	\$ _____	Other	\$ _____
<b>Sub Total:</b>	<b>\$ _____</b>	<b>Sub Total:</b>	<b>\$ _____</b>	<b>Sub Total:</b>	<b>\$ _____</b>

**Grand Total: All three columns** \$ \_\_\_\_\_

\* (Excluding food stamps)

I hereby apply for abatement of property taxes in accordance with Title 36, M.R.S.A., section 841, as amended, which permits tax abatements by the municipal officers, or the State Tax Assessor for the Unorganized Territory who may on their own knowledge or on written application ther3for, make such abatements as they believe reasonable in the real and personal contribute to the public charges. The answers to the above questions are correct to the best of my knowledge and belief.

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



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Signature of Applicant: \_\_\_\_\_

Applicants who have had their request for a poverty abatement denied, or whose requests have not been acted upon within 30 days have the right to appeal the denial within sixty (60) days Review (36 M.R.S.A. § 841- 844) to the Warren Board of Assessment, 167 Western Road, Warren, ME 04864.

### Administration Use only

DO NOT WRITE BELOW THIS LINE

**Board Action:**

Granted? Yes  No  Property Tax for year \_\_\_\_\_ Amount? \$ \_\_\_\_\_

If denied reason? \_\_\_\_\_

**Signatures:**

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_

Town Manager: \_\_\_\_\_

Notes