

THE TOWN OF

YORK, MAINE

PROPERTY TAX RELIEF APPLICATION

(Property Tax Relief Ordinance – Adopted May 21, 2016)

*Instructions: This application must be filed with York Community Service Association (PO Box 180, York, Maine 03909; (207) 363-5504) between February 1 and June 15 to be considered for benefits. Each application **must** be accompanied by satisfactory evidence of eligibility and tax credit payment by the State of Maine under the State of Maine's Property Tax Fairness Credit Program.*

Name of Applicant: _____ OWNER RENTER

Residence Address: _____ - _____
Map - Lot

Mailing Address: _____

Phone Number: _____ E-mail Address: _____

Eligibility: York residents who qualify for a tax credit under the State of Maine's Property Tax Fairness Credit Program shall be eligible for a benefit of up to 50% of the tax credit calculated under the State Program; provided, the benefit to be received by any applicant shall not exceed the sum of \$450.00 per household per year. Approved benefits shall be distributed by the Town on a first-come first-served basis until the budgetary account is exhausted.

1. Does the applicant have a homestead in the town of York, Maine - If so, how many?: YES ___ NO
2. Does the applicant pay property taxes on a homestead in the town of York, Maine or pay rent for the rental of a homestead in the town of York, Maine? YES NO
3. Did the applicant receive a tax credit under the State of Maine's Property Tax Fairness Credit Program for the prior year's income tax? YES NO

*Please return this application with a copy of your prior year's **Form 1040ME with Schedule PTFC and Proof of State Property Tax Fairness Credit Received** (ex. copy of payment from the State of Maine or bank statement reflecting deposit of tax return)*

I hereby declare, aware of penalties for perjury that the answers to the above are, to the best of my knowledge and belief, true, correct and complete. I also understand that I must file a Property Tax Relief Application each year that I wish to be considered for benefits.

Applicant Signature: _____ Date: _____

RETURN APPLICATION TO YORK COMMUNITY SERVICE ASSOCIATION – PO Box 180, YORK, MAINE 03909

FOR OFFICE USE ONLY

Processed By:		Received Date:
<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	Amount Received: \$