



**Town of Pownal**  
**SENIOR PROPERTY TAX ASSISTANCE**  
**Program Application Tax Year 2024**

**General Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Own or Rent: \_\_\_\_\_

Property Address: \_\_\_\_\_, Pownal, ME 04069

Mailing Address (if different from above): \_\_\_\_\_

Number of years living at above address: \_\_\_\_\_ Numbers of years living in Pownal: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Property Owners**

A. Map and Lot number as it appears on Tax Bill: Map \_\_\_\_\_ Lot \_\_\_\_\_

**Criteria to Qualify**

A. Has the applicant lived in the home in the Town of Pownal at the time of application for at least 10 years as of the date of application?  YES  NO

B. Has the applicant filed Form 1040ME and the Property Tax Fairness Credit (PTFC)?  YES  NO  
If yes, provide confirmation of credit. You can contact the State at 207-626-8475 to obtain proof or give permission for the Town to obtain proof.

**\_\_\_\_\_ Please initial here if you wish the Town to directly apply any amount awarded to your real estate taxes. A receipt will be mailed to you.**

*Please provide the Town of Pownal, on my behalf, confirmation that I applied for and received credit from the State of Maine Property Tax Fairness Credit.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To the best of my knowledge the statements in this application are true.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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**TOWN USE ONLY**

- DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Verification: \_\_\_\_\_ DL \_\_\_\_\_ BC \_\_\_\_\_ Other \_\_\_\_\_
  - Length of Residency: Voter Registration \_\_\_\_\_ Other \_\_\_\_\_
  - Homestead Ownership : Property Records \_\_\_\_\_ Other \_\_\_\_\_
  - Renters: Rental Agreement \_\_\_\_\_ Property Tax Billing \_\_\_\_\_
  - Proof of Income: Income Tax Return \_\_\_\_\_ Other \_\_\_\_\_
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**Approved: Amount of Tax Credit awarded \$** \_\_\_\_\_

**Denied: Reason for denial**

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**Town Administrator**

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**Date**

## Waiver of Eligibility

Dear Applicant:

In order to process your application that you have submitted, we are required to have you sign the following release so that we can confirm your eligibility for the Maine Tax Fairness Credit Program. Please sign, date and return this page with your application no later than November 15<sup>th</sup>.

I hereby authorize Maine Revenue Services (MRS) to provide information relative to my Property Tax Fairness Credit to the Town of Pownal. I understand that the information provided by MRS will include the full amount of the credit for which I was eligible. MRS will provide the credit information only if this form has been signed by the credit recipient.

The information so provided is intended to be used solely for the purpose of determining my eligibility under the Town of Pownal's policy regarding property tax abatement for infirmity or poverty under 36 M.R.S. §841 (2), or the Town of Pownal Senior Property Tax Assistance Program, as enacted June 2018.

The Town of Pownal agrees upon receipt of this form and under penalties of applicable law to hold all taxpayer information contained in this form in strict confidence and to use the information contained in this form strictly for the purposes stated herein.

Tax Year: 2024
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Signature \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The information on this form, and any information received from the State of Maine, will remain strictly confidential and is not to be released to the public.