

TOWN OF KENNEBUNK
APPLICATION FOR PROPERTY TAX ASSISTANCE

CONFIDENTIAL

Name: _____ Date of Birth: _____

Physical property address: _____

Mailing address (if different from property address): _____

Phone number: _____ How long have you lived at this address? _____

Eligibility Requirements:

- 1. Will you be **62 years of age or older** on or before July 1st? Y N
- 2. Have you been a full-time resident of Kennebunk for one year or more? Y N
- 3. Have you filed a tax return and received a **Property Tax Fairness Credit from the State of Maine** for this tax year? Y N
- 4. Do you receive a Homestead Exemption on your property? Y N
- 5. Do you RENT or OWN? (*circle one*) **If you rent**, please attach a copy of your lease.

By signing this application you affirm that the statements on this application are true and correct to the best of your knowledge.

Signature of Applicant

Date

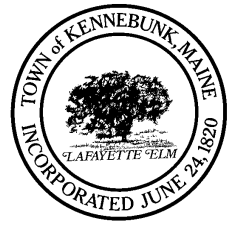
Please return this application and a copy of your 1040ME form showing the amount of the Property Tax Fairness Credit received by July 1st to: Town of Kennebunk, Social Services, 1 Summer Street, Kennebunk, ME 04043.

A decision will be mailed to all applicants by the end of July.

If you have any questions about this program or application, please contact the Social Services office: (207) 604-1342.



Town of Kennebunk
1 Summer Street
Kennebunk, ME 04043



**Maine Residents
Property Tax Fairness Credit
Release of Information/Consent Form**

I hereby authorize Maine Revenue Services (MRS) to provide information relative to my Maine Residents Property Tax Fairness Credit to the Town of Kennebunk.

I understand that the information provided by MRS will include the full amount of the refund for which I was eligible.

MRS will provide the refund information only if this form has been signed by the refund recipient. The information provided is intended to be used solely for the purpose of determining my eligibility under the Town of Kennebunk's Property Tax Assistance program.

The Town of Kennebunk 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.

To be completed by refund recipient:

Name (please print): _____ Social Security Number: _____

Address: _____

Signature: _____ Date: _____

Office use only:

Refund Amount: _____

Application date: _____

Did not apply: (initial) _____

Send Request to:
State of Maine/MRS
Ph: (207) 626-8475
Fax: (207) 624-9694

Send Reply to:
Town of Kennebunk/Social Services
Ph: (207) 624-1342
Fax: (207) 985-4609
Email: ga@kennebunkmaine.us