

APPLICATION FOR POLAND
TAX ASSISTANCE CREDIT REBATE
FOR TAX YEAR 2020

Date of Application: _____

Name: _____

Address: _____

Length of Time at Residence: _____

Date of Birth: _____ Phone: _____

Are you 70 years of age or older:

- Yes
- No*

Have you held a homestead in Poland for the last 10 consecutive years:

- Yes
- No*

Did you receive a refund from the Maine Property Tax Fairness Credit Program:

- Yes
- No*

*If you answered no to any of the above questions, you do not qualify for this credit rebate.

For your application to be accepted you must attach a copy your **2018** tax year refund *letter* from the State of Maine stating the amount of your refund for the Maine State Property Tax Fairness Credit. If you did not receive a letter from the State you can request one be sent using the attached request form.

DISCLAIMER: By submitting this signed application you are acknowledging that all information contained is true and accurate to the best of your knowledge.

Signature: _____

DEADLINE TO SUBMIT AN APPLICATION IS AUGUST 30, 2019

EMAIL TO: npratt@polandtownoffice.org

**MAIL TO: Town of Poland, 1231 Maine Street, Poland, ME 04274, c/o Nikki Pratt - Tax Assistance
OR DROP OFF IN PERSON at the Town Office: 1231 Maine Street, Poland**

INTERNAL USE ONLY:

Date Received: _____ Eligible: YES NO Credit Amount: _____

Reviewed By: _____ Date: _____



Town of Poland
1231 Maine Street
Poland, ME 04274

**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 Poland.

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 Poland's Property Tax Assistance program.

The Town of Poland 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
PO Box 1060
Augusta, ME 04332-1060
Ph: (207) 626-8475
Fax: (207) 624-9694

Send Reply to:
Town of Poland c/o Nikki Pratt
Ph: (207) 998-4601
Fax: (207) 998-2002
Email: npratt@polandtownoffice.org