TOWN OF POLAND PROPERTY TAX ASSISTANCE ORDINANCE

APPLICATION FOR POLAND
TAX ASSISTANCE CREDIT REBATE
FOR TAX YEAR 2022

Date of Application:
Name:
Address:
ength of Time at Residence:
Date of Birth:Phone: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 2020 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, 2021

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)				
<i>Send Request to:</i> 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				