

**TOWN OF OLD ORCHARD BEACH
PROPERTY TAX ASSISTANCE PROGRAM
APPLICATION DEADLINE: NOVEMBER 1, 20__**

To qualify you must answer "Yes" to the following questions:

Have you received a property tax refund this year from the State of Maine Property Tax and Fairness Credit Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
You receive the "Homestead" exemption at the time of this application: <input type="checkbox"/> Yes <input type="checkbox"/> No
Your primary residence has been in Old Orchard Beach for ten (10) continuous years prior to the date of application: <input type="checkbox"/> Yes <input type="checkbox"/> No
You are 70 years of age as of November 1, 20__ : <input type="checkbox"/> Yes <input type="checkbox"/> No
You have no past due property taxes as of the date of the application? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to all questions above please complete the form below.

Name: _____ Phone #: _____

Property Address: _____

Mailing Address: _____

E-mail Address: _____

Select one option: Send my refund by check
 Apply my refund to my property taxes

Required: If you are a tenant in your home, you must provide documentation of your residency in Old Orchard Beach for the past 10 years.

Proof of age and residency in the municipality is based on one or more of the following:	YES	NO
I've paid property tax on my primary residence in Old Orchard Beach for 10 consecutive years:	<input type="radio"/>	<input type="radio"/>
I am a registered voter in the municipality	<input type="radio"/>	<input type="radio"/>
I file income tax returns in the State of Maine	<input type="radio"/>	<input type="radio"/>
The address on my driver's license is the same as the address above	<input type="radio"/>	<input type="radio"/>

For assistance with the completion of this form, please call Diana Asanza at 207-937-5622 to schedule an appointment.

Please return form to: **Jordan Miles, Treasurer - Finance Director
Town of Old Orchard Beach
1 Portland Avenue
Old Orchard Beach, ME 04064**

REMINDERS: If a renter, have you attached documentation showing residency for the past 10 years? This form must be received by the Town no later than November 1, 20__

I declare that the responses on this application are, to the best of my knowledge, true and correct.

Signature of Applicant

Date



Town Of Old Orchard Beach
Attn: Jordan Miles
1 Portland Avenue
Old Orchard Beach, ME 04064



State of Maine
Maine Revenue Services
P.O. Box 9116
Augusta, ME 04332-9116

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 Old Orchard Beach.

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

Maine Revenue Services will provide the refund information only if this form has been signed by the refund recipient. The information so provided is intended to be used solely for the purpose of determining my eligibility under the Town of Old Orchard Beach's "Property Tax Assistance Program".

The Town of Old Orchard Beach 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:

Social Security Number: _____ Printed Name: _____

Address: _____

Signature of refund recipient: _____

Date: _____

Office Use Only:

Refund Amount: _____

Request to:
State of Maine
Maine Revenue Services
Fax: (207) 624-9694
Tel: (207) 626-8475

Did not apply: _____

Reply to:
Town of Old Orchard Beach
Finance Office
Fax: (207) 937-5722
Tel: (207) 937-5622