

APPLICATION FOR RESIDENT PROPERTY TAX ASSISTANCE PROGRAM 62-YEARS AND OLDER - TOWN OF SCARBOROUGH

____/____/____
DATE OF
APPLICATION

NAME OF APPLICANT

____/____/____
APPLICANT'S DATE
OF BIRTH

PLEASE ATTACH TO APPLICATION:

- 1) Evidence of date of birth, such As: A copy of your driver's license, birth certificate, birth abstract or similar official document.
- 2) Proof and dollar amount (such as copy of statement or check) of State Refund under Chapter 907 of Title 36 (State Circuit Breaker Program)
- 3) Please provide evidence that you have been a resident in the Town of Scarborough for at least 10-years. Please list all locations that will total the 10 years

RETURN APPLICATION BY OCTOBER 15TH TO:

Assessor's Office
Town of Scarborough
P.O. Box 360
Scarborough, ME 04070-0360

PHYSICAL ADDRESS OF
HOMESTEAD:

CURRENT TELEPHONE NUMBER

CURRENT MAILING ADDRESS:

CELL PHONE NUMBER

E-MAIL ADDRESS

VERIFICATION

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct and complete; that I am 62-years of age or older; and that I have been a resident of the Town of Scarborough for at least 10-years prior to the date of application.

I hereby authorize Maine Revenue Services to release to the Town of Scarborough the amount of reimbursement I received from the Maine Resident and Property Tax Refund Program for taxes or rent paid.

DATE

SIGNATURE