PROPERTY TAX ASSISTANCE PROGRAM TOWN OF KENNEBUNKPORT

Application Deadline - June 30, 2024

•	a property tax refund this year from neck only one box: ☐ Yes: If yes, ☐ No: If no, yo		below.	
Name:	Home I	Phone Number:		
Property Address:_				
Map, Block, and Lot	Number (on property tax bill):			
Mailing Address (if	different than property address):			
E-mail Address:				
How many years ha	ve you been a full-time resident of h	Kennebunkport?		
How many years at	your current address?			
Select one option:	☐ Send my refund by check.☐ Apply my refund to next year's to	axes.		
Proof of residency	in the municipality is based on o	ne or more of the fo	llowing:	
I pay motor vehicle I pay income taxes	oter in the municipality excise tax in the municipality in the State of Maine. driver's license is the same as the a	address above.	Yes	No
Required: If you ar	re a tenant in your home, you mus	st provide a copy of	your lease.	
For assistance with appointment.	the completion of this form, please	call Nicole at 207-967	'-1609 to sch	edule an
Please return form t	Nicole Evangelista, Finance 6 Elm Street, P.O. Box 566 Kennebunkport, ME 04046	Director		
REMINDERS:				
This form must be	ou attached a copy of your lease? received by the Town no later th pplied to other outstanding town	an	<u>. </u>	
I declare that the re	sponses on this application are, to t	he best of my knowled	dge, true and	l correct:
Signature of Applica	ant	Date		



Maine.gov

Town of Kennebunkport PO Box 566 Kennebunkport, ME 04046 Attn: Nicole Evangelista State of Maine Maine Revenue Services PO Box 9116 Augusta, ME 04332-9116

Maine Residents Property Tax Fairness Credit

Calendar Year 2023
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 Kennebunkport.

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

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 Kennebunkport's "Local Property Tax Assistance Program."

The Town of Kennebunkport 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 Signed:	
Office use only:	
Refund Amount:	Did Not Apply:

Request to: State of Maine Maine Revenue Services Fax: (207) 624-9694 Tel: (207) 626-9696

Reply to: Town of Kennebunkport Treasurer's Office Fax: (207) 967-8470 Tel: (207) 967-4243, Ext 109