



\*2488096\*

# PROPERTY TAX EXEMPTION APPLICATION

## For legally blind persons

36 M.R.S. § 654-A

1. Name of applicant:

2. Name of cooperative housing corporation (if applicable):

If applicant is not a shareholder/resident of a cooperative housing corporation, leave blank.

3. Mailing address:

City:

State:

ZIP:

Country:

4. Phone:

5. Email:

5. Location of parcel:

Municipality:

County:

Map:

Plan:

Lot:

6. Municipality in which you maintain your permanent residence:

7. Is the property you are requesting an exemption for in a revocable living trust with you as the beneficial owner of that trust?  Yes  No

8. Have you been determined to be blind by a licensed Doctor of Medicine, Doctor of Osteopathy, or Doctor of Optometry?  Yes  No

You must attach appropriate documentation to prove eligibility for the exemption. Property conveyed to a blind person only for the purpose of receiving this exemption is not eligible.

DECLARATION(S) UNDER THE PENALTIES OF PERJURY. I declare that I have examined this return/report/document and (if applicable) accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian/authorized agent signature (if applicable)

\_\_\_\_\_  
Date



FOR ASSESSOR(S) USE ONLY

APPROVED

DENIED

Reasons for denial: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Assessor(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_