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: _____

4. Phone: _____ Email: _____

5. Description of the property for which exemption is being claimed (map, lot, location, etc.):

   _____

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) _____

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