



**CITY OF SOUTH PORTLAND**

P.O. Box 9422  
25 Cottage Road  
South Portland, Maine  
04116-9422

**Property Tax Assistance Program**  
For Property Tax Assessed as of April 1, 2020  
**Application Deadline – May 3, 2021**

\_\_\_\_\_  
*Applicant's First Name*

\_\_\_\_\_  
*MI*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Applicant's Social Security Number*

\_\_\_\_\_  
*Applicant's Date of Birth*

\_\_\_\_\_  
*Spouse's First Name*

\_\_\_\_\_  
*MI*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Spouse's Social Security Number*

\_\_\_\_\_  
*Spouse's Date of Birth*

\_\_\_\_\_  
*Mailing Address (P.O. Box, street and apartment number)*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Daytime Telephone Number*

**PLEASE TURN PAGE OVER AND FILL OUT OTHER SIDE**

Please answer the following questions:

	YES	NO
1a. Is the applicant over 68 years of age or older?	_____	_____
1b. Has the applicant owned or rented a home in the City of South Portland at the time of application and for the entire 2 years prior to the date of application?	_____	_____
1c. Has applicant filed Form 1040ME, including PTFC (Property Tax Fairness Credit) for 2020? <b>Please attach a copy of the Form 1040ME and PTFC.</b>	_____	_____
1d. Has the applicant been a resident of the City of South Portland for at least 10 years out of the last 12 years immediately preceding the date of application?	_____	_____
1e. If the applicant owns a home, has he/she applied for a homestead property tax exemption?	_____	_____
2. What is the physical location of the property where you lived during 2020 (if different from mailing address above) _____		
3. If you paid rent in 2020, list your landlord's name and telephone number: _____		

***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. Applications may be audited either before or after refunds are issued.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preparer  
(other than applicant)

\_\_\_\_\_  
Date