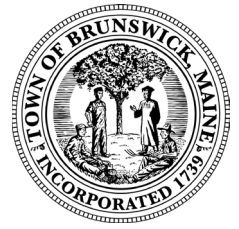


**TOWN OF BRUNSWICK**  
**Finance Department**  
**85 Union Street**  
**Brunswick, ME 04011**



**PROPERTY TAX ASSISTANCE PROGRAM**

**Application Deadline – November 1, 2025**

Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

If different from home address, mailing address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email address (optional): \_\_\_\_\_

**Please answer the following questions:**

- |   | Yes                   | No                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| 1. Has the applicant paid taxes, or rent, on a primary residence in the Town of Brunswick at the time of application and for ten (10) years prior to the date of application? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Has the applicant filed Form 1040ME <u>and</u> received the Property Tax Fairness Credit (PTFC) for 2024?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| a) If yes: <u>Include a copy of your 2024 Maine PTFC Schedule with your application.</u>  |                       |                       |                       |
| b) If no: STOP here. No rebate can be issued if the 2024 Maine PTFC has not been received.  |                       |                       |                       |

*I hereby authorize Maine Revenue Services (MRS) to provide information relative to my Maine Residents Property Tax Fairness Credit to the Town of Brunswick. I understand that the information provided by MRS will include the full amount of the refund for which I was eligible. MRS will provide the refund information only if this form has been signed by the refund recipient. The information provided is intended to be used solely for the purpose of determining my eligibility under the Town of Brunswick's Property Tax Assistance Program.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

- |  | Yes                   | No                    | N/A                   |
|--|-----------------------|-----------------------|-----------------------|
| 3. Will the applicant be at least 65 years old as of November 1, 2025?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. <u>If a property owner</u> , has applicant received the Homestead Exemption as of April 1, 2024?            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. <u>If a property owner</u> , applicant affirms that property taxes due will be paid as of November 1, 2025. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct and complete.**

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

\_\_\_\_\_  
Date

If you need any assistance with the completion of this form please contact the Finance Department at (207) 725-6652.