



TOWN OF BRADLEY
APPLICATION FOR POVERTY TAX ABATEMENT OF LOCAL PROPERTY TAX
M.R.S.A. TITLE 36 § 841

A. INFORMATION REGARDING APPLICANT					
1. Full Name of Applicant:					
2. Marital Status:	Married	Divorced	Widowed	Separated	Single
3. Mailing address:					
4. Residence address:					
5. Phone Number:	6. Date of Birth:		7. Social Security Number:		
8. If you are disabled, describe the disability:					
9. If you have applied for disability but have yet to receive benefits, describe the status of your claim:					

B. INFORMATION REGARDING OTHER MEMBERS OF THE HOUSEHOLD			
1. If married, full name of spouse:			
2. Spouse Phone Number:	3. Spouse Date of Birth:	4. Spouse Social Security Number:	
5. Children from all marriages, residing in household, or for whom the applicant is legally responsible:			
Full Name	Date of Birth	Residence	Occupation
6. Other members of the household:			
Full Name	Date of Birth	Social Security Number	Occupation
7. If other member (s) of the household are disabled, describe the disability:			
8. If other member (s) of the household has applied for disability but have yet to receive benefits, describe the status of the claim:			

C. INFORMATION REGARDING PROPERTY			
1. Location of the property for which you are requesting a tax abatement:			
2. Tax Map & Lot:		3. Deed reference book & page:	
4. Property Use:	Residence	Business	Rental
5. Acreage:	6. Purchase Date:	7. Current Assessed Value: \$	
8. Number of bedrooms	9. Number of bathrooms	10. Garage	
11. Mortgage Holder Name:			
12. Mortgage Holder Address			
13. Amount due on Mortgage: \$			
14. Property Tax Amount: \$		15. Unpaid Property Tax Amount: \$	
16. Year for which abatement is requested: (Separate application need for each year)			

D. EMPLOYMENT INFORMATION DURING YEAR ABATEMENT REQUESTED			
	APPLICANT	SPOUSE	OTHER HOUSEHOLD
Employer			
Employer Address			
Rate of Pay	\$	\$	\$
If unemployed -why			
If unemployment was due to illness or disability for any member of the household it is necessary to attach a current physician's statement describing the extent of the illness or disability and describing the type or length of the illness or disability			

E. CURRENT EMPLOYMENT INFORMATION			
	APPLICANT	SPOUSE	OTHER HOUSEHOLD
Employer			
Employer Address			
Rate of Pay	\$	\$	\$
If unemployed-why			
If unemployment was due to illness or disability for any member of the household it is necessary to attach a current physician's statement describing the extent of the illness or disability and describing the type or length of the illness or disability			

F. OTHER INCOME INFORMATION DURING YEAR ABATEMENT REQUESTED

	APPLICANT	SPOUSE	OTHER HOUSEHOLD
TANF	\$	\$	\$
STATE /FEDERAL ASSISTANCE Describe:	\$	\$	\$
SSI	\$	\$	\$
VETERANS BENEFITS	\$	\$	\$
SOCIAL SECURITY	\$	\$	\$
WORKERS COMPENSATION	\$	\$	\$
BUSINESS INCOME	\$	\$	\$
OTHER INCOME	\$	\$	\$

G. CURRENT OTHER INCOME

	APPLICANT	SPOUSE	OTHER HOUSEHOLD
TANF	\$	\$	\$
STATE /FEDERAL ASSISTANCE Describe:	\$	\$	\$
SSI	\$	\$	\$
VETERANS BENEFITS	\$	\$	\$
WORKERS COMPENSATION	\$	\$	\$
BUSINESS INCOME	\$	\$	\$
OTHER INCOME	\$	\$	\$

H. OTHER INFORMATION

1. Did you or other members of the household initiate bankruptcy proceedings during the year the abatement is requested? _____ If yes, provide detail
2. Has any of the property been attached or seized under legal proceedings?
If yes, identify the legal proceedings, the property involved and the present status of the case
3. Are there any liens upon your property at this time? _____ If yes, please detail
4. Please detail the reason for requesting this abatement
5. Please provide the municipal officers any additional information that may be useful in assisting them with their decision regarding the abatement request.

I. ASSET INFORMATION

1. List all other real estate owned by you or members of the household:

Description of Property	Location	Assessed Value	Owner
		\$	
		\$	

2. Have you made any assignment of any property for the benefit of creditors?
If yes give the date, name and address of the assignee and the terms of the assignment

3. Have you made any gifts, other than usual presents to family members? _____ If yes, give name and address of the recipient and the value of the gift:

4. PLEASE PROVIDE DETAIL AND VALUE

	APPLICANT	SPOUSE	OTHER HOUSEHOLD
VEHICLE #1	\$	\$	\$
VEHICLE #2	\$	\$	\$
VEHICLE #3	\$	\$	\$
RECREATIONAL #1	\$	\$	\$
RECREATIONAL #2	\$	\$	\$
RECREATIONAL #3	\$	\$	\$
RECREATIONAL #4	\$	\$	\$
RECREATIONAL #5	\$	\$	\$
RECREATIONAL #6	\$	\$	\$
SAVINGS ACCOUNT	\$	\$	\$
CHECKING ACCOUNT	\$	\$	\$
CASH ON HAND	\$	\$	\$
STOCKS BONDS CDS TRUSTS	\$	\$	\$
ANNUITY	\$	\$	\$
SETTLEMENT	\$	\$	\$
PERSONAL VALUABLES	\$	\$	\$
SAFE DEPOSIT BOX	\$	\$	\$
LIFE INSURANCE POLICIES	\$	\$	\$
OTHER	\$	\$	\$

5. Did you apply for and receive a State of Maine Property Tax Rebate under the Maine Residents Property Tax Program ("Circuit Breaker") _____ If yes, amount of rebate \$

J. LIABILITY INFORMATION		
PLEASE PROVIDE DETAIL FOR HOUSEHOLD MONTHLY NEEDS IF NECESSARY DIVIDE ANNUAL AMOUNT BY 12		
MORTGAGE	\$	TOTAL AMOUNT OWED: \$
HOUSE INSURANCE	\$	
PROPERTY TAXES	\$	
HOME REPAIRS	\$	
LOT RENT	\$	
FOOD	\$	STATE FOOD ASSISTANCE \$
PERSONAL SUPPLIES	\$	
HEAT	\$	
ELECTRICITY	\$	
WATER	\$	
TELEPHONE	\$	
INTERNET	\$	
CABLE/SATELLITE	\$	
COOKING FUEL	\$	
CLOTHING	\$	
CHILD CARE	\$	
MEDICAL INSURANCE	\$	
DENTAL INSURANCE	\$	
LIFE INSURANCE	\$	
MEDICAL COST NOT COVERED BY INSURANCE Describe in detail	\$	
DENTAL COST NOT COVERED BY INSURANCE Describe in detail	\$	
VEHICLE PAYMENT #1	\$	TOTAL AMOUNT OWED: \$
VEHICLE PAYMENT #2	\$	TOTAL AMOUNT OWED: \$
VEHICLE INSURANCE	\$	TOTAL AMOUNT OWED: \$
AUTO REGISTRATIONS	\$	
TRANSPORTATION EXPENSES	\$	
AUTO REPAIRS	\$	
OTHER CREDITOR SECURED #1 Detail security	\$	TOTAL AMOUNT OWED: \$
OTHER CREDITOR SECURED #2 Detail security	\$	TOTAL AMOUNT OWED: \$
OTHER CREDITOR NON-SECURED #1 Detail debt	\$	TOTAL AMOUNT OWED: \$
OTHER CREDITOR NON-SECURED #2 Detail debt	\$	TOTAL AMOUNT OWED: \$
OTHER LIABILITY NOT CAPTURED ABOVE Detail debt	\$	TOTAL AMOUNT OWED: \$
TOTAL LIABILITIES	\$	TOTAL AMOUNT OWED: \$

