

TOWN OF BRADLEY

APPLICATION FOR POVERTY TAX ABATEMENT OF LOCAL PROPERTY TAX

M.R.S.A. TITLE 36 § 841

Α.	INFORMATION REGARDING APPLICANT							
1.	Full Name of Applicant:							
2.	Marital Status:	Married	Divorced	Widowed	Separated	Single		
3.	Mailing addr	ress:						
4.	Residence ad	ddress:						
5.	Phone Numb	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:							

В.	INFORMATION REGAR	DING OT	THER MEMBERS OF	THE HOUSEHOLD				
1.	If married, full name of spouse:							
2.	Spouse Phone Number	:	3. Spouse Da	te of Birth:	4. Sp	oouse Social Security Number:		
5.	Children from all marria	ages, res	iding in household,	or for whom the a	pplicant is	legally responsible:		
	Full Name	D	ate of Birth	Residen	ce	Occupation		
6.	Other members of the	househo	old:	I				
	Full Name	D	ate of Birth	Social Security	Number	Occupation		
7.	If other member (s)of t	he house	ehold are disabled, o	describe the disab	ility:			
8.	If other member (s) of t status of the claim:	the hous	ehold has applied fo	or disability but ha	ve yet to re	eceive benefits, describe the		

C.	INFORMATION F	REGARDING PRO	PERTY					
1.	Location of the property for which you are requesting a tax abatement:							
2.	Tax Map & Lot:		3. Deed	d referen	ce book 8	& page:		
4.	Property Use:	Residence	Business			Renta		
5.	Acreage:	6. Purcha	se Date:		7.	Current	Assessed Value: \$	
8.	Number of bedro	ooms	9. Numbe	er of bath	nrooms		10. Garage	
11.	. Mortgage Holde	r Name:						
12.	. Mortgage Holde	r Address						
13.	. Amount due on l	Mortgage: \$						
14.	14. Property Tax Amount: \$15. Unpaid Property Tax Amount: \$							
16.	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 EMPLOYN	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 le	ength of the illness or disability	ý						

F. OTHER INCOME INFORMATION DURING YEAR ABATEMENT REQUESTED

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

G. CURRENT OTHER INCOME

		SPOLISE	
	APPLICANT	SPOUSE	OTHER HOUSEHOLD
TANIF	\$	\$	\$
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 INFORMATIC	DN							
1. List all other real est	. List all other real estate owned by you or members of the household:							
Description of Prope	rty Location	Assessed Value	Owner					
		\$						
		\$						
	assignment of any property for name and address of the assigr		nment					
address of the recipi	 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 DE		Γ						
	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		<u>^</u>						
	\$	\$	\$					
SETTLEMENT	\$	\$	\$					
PERSONAL VALUABLES	\$	\$	\$					
SAFE DEPOSIT BOX	\$	\$	\$					
LIFE INSURANCE POLICIES	\$	\$	\$					
OTHER	\$	\$	\$					
 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

		HOUSEHOLD MONTHLY NEEDS
MORTGAGE	\$	TOTAL AMOUNT OWED: \$
	\$	
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	\$	TOTAL AMOUNT OWED: \$
Detail security	7	
OTHER CREDITOR SECURED #2	\$	TOTAL AMOUNT OWED: \$
Detail security	Ŷ	
OTHER CREDITOR NON-SECURED #1	\$	TOTAL AMOUNT OWED: \$
Detail debt	Ŷ	
OTHER CREDITOR NON-SECURED #2	\$	TOTAL AMOUNT OWED: \$
Detail debt	Ŷ	
OTHER LIABILITY NOT CAPTURED ABOVE	\$	TOTAL AMOUNT OWED:\$
Detail debt	Ŷ	
TOTAL LIABILITIES	\$	TOTAL AMOUNT OWED: \$

It is necessary to provide a photocopy of all household members' federal and state income tax returns and W-2 forms. To assist the Municipal Officers in their determination it would be very helpful for you to include in your application copies of all asset and liability statements. You may also attach any additional information or narrative that you feel will assist in the decision making process.

To the Municipal Officers of Bradley, in accordance with the provisions of Title 36 M.R.S.A § 841, I hereby make written application for abatement of my property taxes for the tax year______. I hereby certify that the above statements are true and correct to the best of my knowledge and belief. I understand that my signature on this application shall serve as authorization for the Town Council or its designee (s) to investigate the information contained in this application and any and all other information. I further authorize the Town Council or its designee (s) to have access to certain records, be they confidential or not, including but not limited to financial institutions, Internal Revenue Service records/reports, Maine Department of Taxation records/reports, medical records/reports, hospital records/reports, Veterans Administration records/reports, Department of Human Services records/reports and insurance records/reports.

Applicant's Signature	Date		
Spouse Signature	Date		
Other Household Signature	Date		
Other Household Signature	Date		
The above named person (s) subscribed and sworn before me t	this date		have
Notary Public			
	DECISION		
The abatement is	allowed in the amount of \$		
The abatement re	quested was denied due to		
 Date		Bradley Town Council	