

**HARDSHIP APPLICATION**

**Town of Kennebunk**

**1-800-734-6677**

Customer: \_\_\_\_\_ Origin of call: \_\_\_\_\_

Billed To: \_\_\_\_\_ Transported To (Destination): \_\_\_\_\_

Date of Service: \_\_\_\_\_ Incident # \_\_\_\_\_

Amount Due: \_\_\_\_\_

To apply for financial assistance with your ambulance charges please complete the information below. Please provide copies of your most recent tax return as well as four weeks of current pay stubs from your present source of income. Return this application and supporting documentation within 5 days to the address below.

If your income based on family size, is less than the amount below your charges may be canceled. For families/households with more than 8 persons, add \$4,480 for each additional person.

Persons/Family Size	Annual Income
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

Number of people living in your household: \_\_\_\_\_ Total household income: \_\_\_\_\_

Please explain your current circumstances and the reasons you are unable to pay your ambulance charges:

---



---



---



---



---

Signature of Applicant: \_\_\_\_\_ Phone number: \_\_\_\_\_

*By signing this application you certify that the above information is correct and that you have supplied documentation as requested. This application will be forwarded to the Town of Kennebunk for review and determination.*

**Please mail application and supporting documents to:**

Town of Kennebunk, c/o Medical Reimbursement Services, P.O. Box 1810, Windham, ME 04062.