

## REAL ESTATE FINANCIAL AID

### “AID TO THE ELDERLY AND DISABLED TAXATION FUND

#### WAS APPROVED AT TOWN MEETING MAY 2003”

According to Chapter 60, 3D, the taxpayers of said town may voluntarily check off, donate and pledge an amount no less than \$1 or such other designated amount which shall increase the amount otherwise due, and to establish a town aid to the elderly and disabled taxation fund for the purpose of defraying the real estate taxes of elderly and disabled persons of low income.

**Rules adopted by the Town of Stockbridge Taxation Aid Committee to carry out the provisions of this section and to identify the recipients of such aid.**

- Applicant shall reside in and/or be owner and taxpayer of said residence of record.
- Shall be 60 years of age or older or disabled.
- Shall be within financial guidelines set forth by the Committee (generally priority will be given to those with income of \$ 24,980.00 for one, \$33,820.00 for 2 persons\*, net assets excluding home: \$ 48,000) however, applicants exceeding these guidelines will not be disqualified from consideration.
- Shall be awarded up to 50% of property taxes or \$ 1,000.00 max per fiscal year per taxpayer.
- This aid shall be made from available funds in this account only.
- Applications for this aid shall be reviewed by the Taxation Aid Committee and their decision shall be final.

Assistance in completing the application will be offered, by the Committee, to anyone wishing to apply.

\*Per 2012 United States Government Poverty Guidelines

#### NOTIFICATION OF APPLICANT

The committee shall complete its review of all applications prior to the issuance of the second half tax bill of the fiscal year. The Committee shall notify applicants, in writing, as to the disposition of the application and, if accepted, make payment directly to the Collector of the Town of Stockbridge. All decisions of the Committee are final. Applicants are advised that the filing of an application in no way impacts the applicant's obligation to pay his or her taxes.

All information provided shall remain confidential and will not be used by the Town for any purpose other than to determine eligibility for the Elderly and Disabled Taxation Fund.

TAXPAYER INFORMATION CONCERNING THE TOWN OF STOCKBRIDGE ELDERLY AND DISABLED  
TAXATION FUNDS

You may be eligible to receive assistance in paying a portion of the real estate taxes on your residence if you meet the criteria and if adequate funding is available. Massachusetts General Law, Chapter 60 Section 3D authorizes voluntary contributions by citizens to a Tax Relief Fund. The purpose of the Fund is to provide tax relief for elderly and disabled low-income citizens. The Town of Stockbridge Elderly and Disabled Taxation Fund Committee is responsible for overseeing the Fund and its distribution.

APPLICATION PROCEDURE

Applicant must reside in the residence for which the aid is requested. Applications are required to be filed between January 31<sup>st</sup> and February 22<sup>nd</sup> of each year and returned to the office of the Elderly and Disabled Taxation Fund Committee at the Town Offices. The applications are for the fiscal year in which the application is filed. The fiscal year runs from July 1 to June 30. Applications must be completed in full in order for the Committee to properly review them. An application is filed when received by the Committee. Assistance in completing the application will be offered by the Committee to anyone wishing to apply.

PROCEDURE OF REVIEW

Once the application deadline has passed, the Town of Stockbridge Elderly and Disabled Taxation Fund Committee will review the applications and make decisions as to the disposition of funds. Applicants may request a hearing with the Committee at any time.

In review of an application, the Committee shall consider income, net worth, age and/or disability status. Priority will be given to applicants with an annual income meeting \$200% of MA and Federal Poverty Level Standards of not more than:

Number of Household Residents:	1—\$ 24,980.00	(These are guidelines only &
	2—\$ 33,820.00	applicants will not be disqualified
	3—\$ 42,660.00	from consideration if income
	4—\$ 51,500.00	exceeds these levels.)

For each additional family member add—\$ 4,160.00

Applicants will also be asked to disclose household assets (net assets excluding home shall not exceed \$48,000) which shall be considered in the review process. The ability of the Committee to approve applications and grant relief is subject to the availability of funds.

TOWN OF STOCKBRIDGE  
FINANCIAL HARDSHIP; ELDERLY AND/OR DISABLED  
Massachusetts General Laws, Chapter 60, Section 3D  
THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION  
(See General Laws Chapter 59, Section 60)

Must be filed with the Elderly and Disabled Taxation Fund Committee between January 31<sup>st</sup> and February 22<sup>nd</sup>.

**INSTRUCTIONS:** Complete all sections that apply, Please print or type.

**A. IDENTIFICATION:** Complete this section fully

Name of Applicant I \_\_\_\_\_  
Applicant II \_\_\_\_\_ Relationship \_\_\_\_\_  
# of adults in household (including self and spouse) \_\_\_\_\_ # of minors \_\_\_\_\_  
Age & relationship of adults & minors living in household \_\_\_\_\_

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Legal Residence (Domicile) on July 1<sup>st</sup>

Applicant I \_\_\_\_\_  
Applicant II \_\_\_\_\_  
Mailing Address (If Different) \_\_\_\_\_ Tel. # \_\_\_\_\_  
Location of Property \_\_\_\_\_ # of Dwelling Units \_\_\_\_\_  
Did you own the property of July 1<sup>st</sup>?    Yes                      No  
If yes, were you \_\_\_\_\_ Sole Owner    \_\_\_\_\_ Co-owner with Spouse only    \_\_\_\_\_ Co-owner with others  
Was property subject to a trust as of July 1<sup>st</sup>?    Yes    No

**B. EXEMPTION STATUS:** Check status that applies to you and complete the questions that follow.

Social Security \_\_\_\_\_  
Employer \_\_\_\_\_  
Other \_\_\_\_\_

Provide a detailed description of the physical or mental illness, disability or impairment.

\_\_\_\_\_  
\_\_\_\_\_

(Attach your applicable letter of determination from Social Security, your employer or physician documenting your disability)  
Elderly (Age 60 or older)

Date of birth: Self \_\_\_\_\_ Spouse \_\_\_\_\_ (attach proof of birth date)

**C. EMPLOYMENT STATUS:**

Applicant I

What is your current employment status? \_\_\_\_\_  
(employed, unemployed, disabled, retired)

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

If unemployed, state date of last employment \_\_\_\_\_

**D. NON-GOVERNMENTAL FINANCIAL ASSISTANCE:** Complete this section if you are receiving any financial assistance from family members or others or other sources.

<u>Name</u>	<u>Relationship</u>	<u>Residence</u>	<u>Occupation</u>	<u>Annual Income</u>	<u>Assistance Given</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**E. FINANCIAL STATEMENT:** Complete this section fully. Copies of your federal and state tax returns and other documentation may be requested to verify your income and assets.

ASSETS

LIABILITIES

Real Estate:

Domicile Market Value \$ \_\_\_\_\_

Car Loan Balance \$ \_\_\_\_\_

Other Property \$ \_\_\_\_\_

Bank Account Balances/IRA

Bank Name	Address	Account #	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Other Assets (Specify)

Other Outstanding Debts

(Personal Loans, Credit Cards, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTALS \$ \_\_\_\_\_

\$ \_\_\_\_\_

**F. FINANCIAL STATEMENT (CONT'D)**

<u>INCOME</u>	<u>Annual</u>	
	<u>Applicant I</u>	<u>Applicant II</u>
Wages & Salaries		
Annual \$ _____	\$ _____	_____
Unemployment/Disability Benefits	_____	_____
Social Security	_____	_____
Pensions/Retirement	_____	_____
Public Assistance:		
AFDC	_____	_____
Food Stamps	_____	_____
Fuel Assistance	_____	_____
Other	_____	_____
Rental Income	_____	_____
Net Profit from Business/Profession	_____	_____
Interest/Dividends	_____	_____
Alimony/Child Support	_____	_____
Other (Specify)	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL</b>	<b>\$ _____</b>	<b>_____</b>

**G. SIGNATURE:** Sign here to complete the application

The application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all the accompanying documents and statements are true, correct and complete.

Signature—Applicant I	Date
Signature—Applicant II	Date

If signed by agent, attach a copy of written authorization to sign on behalf of taxpayer.