



TOWN OF STURBRIDGE TAX ASSISTANCE FOR LOW INCOME SENIOR AND DISABLED CITIZENS

The Town of Sturbridge has accepted the provisions of Massachusetts General Laws Chapter 60, Section 3D to establish aid to the elderly and disabled through a taxation fund to be used for the purpose of defraying the real estate taxes of low income elderly and disabled citizens. Pursuant to M.G.L. Chapter 60, Section 3D, the Town has formed a Taxation Committee consisting of the Chairperson of the Board of Assessors, the Town Treasurer and three residents appointed by the Board of Selectmen. The Taxation Committee will administer the provisions contained herein, including the identification of citizens to receive such aid.

ELIGIBILITY REQUIREMENTS

- 65 years or older
or
- state recognized disability

- The real estate for which the assistance is being sought must be the primary domicile of the applicant(s). *If you or you and your spouse own the domicile jointly with other person(s), you may apply for that portion of the exemption that corresponds to the proportion of the property that you or you and your spouse own.*

- Total gross household income shall not exceed \$20,000 if single, \$30,000 if married or if others reside in the household *(from all sources in the calendar year preceding the year in which application is made).*

- All taxes and fees due to Town must be current.

Section 1 - GENERAL INFORMATION, (cont.)

Is this your primary residence? Yes No
 Number of years as resident of Sturbridge _____
 Are you the owner at this address? Yes No
 Are you a single or joint owner? Single Joint
 Do you own other real estate? Yes No
 Do you receive Food Stamps? Yes No
 Do you receive Fuel Assistance? Yes No
 Are you disabled? Yes No
 If yes, nature of your disability _____
 Are you a veteran? Yes No

Complete the following for all who reside at this address:

| <u>Name</u> | <u>Relationship</u> | <u>DOB</u> |
|-------------|---------------------|------------|
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| | | |

Section 2 – INCOME

Identify income sources from the following list.
 If you do not receive income from a particular item enter -0-

| <u>Source</u> | <u>Amount</u> | <u>Source</u> | <u>Amount</u> |
|-----------------------------|---------------|-----------------------|---------------|
| Wages | _____ | Supplemental SSI | _____ |
| Social Security | _____ | Pensions | _____ |
| Qualified Disability Income | _____ | Trust Income | _____ |
| Workmen’s Compensation | _____ | IRA /Distributions | _____ |
| Rental Income | _____ | Alimony/Child Support | _____ |
| Veteran’s Benefits | _____ | Insurance | _____ |
| Unemployment Compensation | _____ | Annuities | _____ |
| Other (please explain) | _____ | Interest/Dividends | _____ |
| | | | |
| | | | |

Please provide proof of your current income by attaching copies of all the following that apply:

- Social Security Benefits Award letter
- IRS Form W-2
- Most recent Pay Stub
- Most recent Bank Statement
- IRS Form 1099-RRB

Section 3 – EXPENSES

Copies of your most recent household expense bills must be submitted with this application.

List your expenses:

| | |
|--|----|
| Monthly mortgage payment on residence | \$ |
| Monthly mortgage on other property | \$ |
| Monthly equity or other loan payment | \$ |
| Average monthly electric payment | \$ |
| Average monthly household gas and/or oil payment (heating) | \$ |
| Annual Water/Sewer bill | \$ |
| Annual Real Estate Tax payment | \$ |
| Monthly cable television or satellite bill | \$ |
| Average monthly telephone bill | \$ |
| Monthly food bill | \$ |
| Monthly clothing bill | \$ |
| Monthly entertainment expense | \$ |
| Credit card debt (total balance on all credit cards) | \$ |
| Monthly car payment | \$ |
| Monthly gas bill (auto) | \$ |
| Monthly alimony/child support payment | \$ |
| Monthly child care payment | \$ |
| Monthly prescription drug expense | \$ |
| Monthly medical bills (other than prescription drugs) | \$ |
| Annual Insurance | \$ |
| Life | \$ |
| House | \$ |
| Medical | \$ |
| Auto | \$ |
| Other | \$ |
| Other debts not previously identified. Please itemize: | \$ |
| • | \$ |
| • | \$ |
| • | \$ |
| • | \$ |
| • | \$ |

Section 4 - CERTIFICATION

I certify that the information I have provided in this application (including documentation) is complete and accurate. I understand that the financial information I have reported may be verified by an audit. I understand that if I am eligible for assistance and the Town becomes aware of any fraudulent activity related to my application, my assistance will terminate and I will return all funds received to the Town of Sturbridge within 120 days of notification of termination.

The amount an eligible applicant will receive is dependent upon total funds available and total number of eligible applicants.

I understand that the Town may, at any time or for any reason, and without notice (i) modify or discontinue the assistance and eligibility criteria, or (ii) terminate assistance.

I understand that this assistance is for one fiscal year only. To continue receiving assistance, I must submit a new application each subsequent year.

I authorize the Town of Sturbridge to obtain information as necessary to complete the application process, verify accuracy of any information provided, or require additional information necessary to determine eligibility.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

Section 5 – FOR COMMITTEE USE ONLY

DISPOSITION OF APPLICATION

Date Received _____

Documentation complete

Granted

Denied

Date voted _____

Award _____

Notice sent _____

Taxation Committee

