

Taxation Aid Application Form

- Confidential -

Code #

Step 1: Definitions and conditions

1. All information is held in strict confidence
2. Have you been a resident of Mendon for 5 or more years at the time of this application? _____
3. Do you live in the home for which the tax grant will be used? _____
4. Do you hold title to the property, or a Life Estate? _____
5. Does your household income exceed \$35,000 if single, or \$45,000 (includes income from all others in the household)? _____
6. Are you aged 60 or older on or before July 1st last year? _____
7. Are you disabled as defined by the Veterans or the Social Security Administrations?

8. The funds will be disbursed based on need as determined by the Taxation Aid Committee (hereafter referred to as *the Committee*). Since the funds are replenished through voluntary contributions, the amount disbursed will likely vary from year to year
9. Any taxation aid grant will be deducted from quarterly tax bills as available
10. Tax aid grants must be applied for annually
- 11. Return the completed application to: Treasurer's Office,
20 Main Street, Mendon MA 01756 by February 1st**
12. The Committee may request additional information
13. Notification of the Committee's decisions will be mailed to all applicants by March 1st
14. All decisions of the Committee are final

Committee Use Only:

Disposition of Application:

___ Ownership	___ Status (E/D)	___ Granted	___ Assessed Tax
___ Occupancy	___ Assets	___ Denied	___ Disbursed Amount
	___ Expenses		___ Adjusted Tax

_____ Date _____ Signed by Committee Member

Step 2: Personal and Contact Information

The information you share on this page will be kept confidential, and details of your application will be identified only by an assigned code.

Name:

Email address:

A telephone number where we can reach you:

Property Address:

Year bought: _____

Mailing address (if different from above):

Owner(s) of Record:

_____ Age _____ Disabled _____
_____ Age _____ Disabled _____

Other adult residents in household, if any:

_____ Age _____ Relationship _____
_____ Age _____ Relationship _____

Comments:

By signing below, you give the Committee permission to verify the information in this application.

Applicant signature: _____ Date: _____

Someone from the committee may contact you if there are any questions.

Step 3: General Financial Information

Total household income:

Estimated total value of all the assets of all the people in your home (excluding the value of your home):

Tax Work-Off "Income" _____

Special circumstances (such as there is a caregiver living with you):

The Taxation Aid program is not intended as a long term fix for financial stress. Please list the extraordinary circumstances we should consider (medical bills, unusual medicine bills, etc.):

Step 4: Qualifying programs and exemptions

Check any and all of the following that you have been qualified for:

- SNAP (food stamps);
- SMOC (fuel assistance);
- Age & Infirmary & Financial Hardship - Clause 18;
- Senior Citizens (age 65 and over) - Clause 41D;
- Section 3(e)1 of Chapter 44B, Community Preservation Act

Please list any additional property tax exemptions you are currently receiving from the Town of Mendon:

If you are not qualified for any of the above, you may still qualify for Taxation Aid help. You will need to complete the long application form. Go to Step 5. (on page 4)

If you have qualified for any of the programs or exemptions listed in step 4, you **DO NOT** have to complete the following section.

Step 5: Detailed Financial Information

Please list information for 2017 Fiscal Year. Please attach a copy of your Federal income tax form, and any additional information you would like the Committee to consider.

Financial Resources

<u>Assets</u>	<u>Amount -</u>	<u>Comments</u>
Savings accounts	\$ _____	_____
CDs	\$ _____	_____
IRAs	\$ _____	_____
Stocks, Bonds, Mutual Funds	\$ _____	_____
Other real estate	\$ _____	_____
Other assets, please specify	\$ _____	_____
Total Assets	\$ _____	

<u>Income</u>	<u>Monthly</u>	<u>Annually</u>
Wages or Salary	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____
Retirement Fund Distributions	\$ _____	\$ _____
Senior Work-off Program	\$ _____	\$ _____
Other Assistance (e.g. Family)	\$ _____	\$ _____
Reverse Mortgage	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total Annual Income		\$ _____

<u>Expenses</u>	<u>Monthly</u>	<u>Annually</u>
Property Taxes	\$ _____	\$ _____
Mortgage	\$ _____	\$ _____
Utilities (Heat, Power, Phone)	\$ _____	\$ _____
Home and Car Insurance	\$ _____	\$ _____
Medical Insurance	\$ _____	\$ _____
Prescriptions/Medical	\$ _____	\$ _____
Other (please specify)	\$ _____	\$ _____