Town of MendonTaxation Aid Fund Guidelines and Application FY2023

The fund was established to provide tax assistance for elderly and/or disabled Mendon residents who are homeowners with limited income and assets.

A. ELIGIBILITY

- "Elderly" is here defined as a person who is at least 60 on or before July 1, 2022.
- "Disabled" is defined, for the purposes of this application, as a person who is not able to work. The applicant could be receiving SSI, welfare, or retirement income, or may have suffered a loss of income due to illness or accident.
- An applicant must be the titled owner of the property or hold a life estate in the property. These conditions apply to elderly or disabled applicants.
- Applicants must have lived in Mendon and held title to the taxed property for 5 or more years at the time of the application.
- Income shall include all income such as pensions, interest from savings accounts, IRA's, stocks or bonds, etc. Gross income limits: Single \$40,000, Couple \$50,000
- Assets, which include stocks, bonds, CDs, IRAs, Annuities, and any tangible liquid asset, will be considered in determining eligibility and aid amount.
- Extraordinary circumstances (e.g., an unusual expense) will be considered in the committee's deliberations and the decision process. This will provide the committee with flexibility to address unforeseen situations.

B. APPLICATION PROCESS

- Tax aid grants will be awarded annually.
- Applications for FY23 will be **due by October 31, 2022**.

- The application form is available in the Town Treasurer's office, the Assessor's office, the Mendon Senior Center, the Taft Public Library, or online at the Mendon website: http://www.mendonma.gov/taxation-aid-committee, or by calling the Treasurer's Office at 508-634-2413 on a CONFIDENTIAL basis.
- Your 2021 Federal income tax submission must accompany this application, if you are required to file.
- All information supplied to the committee will be held in the strictest confidence.

C. DISTRIBUTION OF FUNDS

- Funds will be disbursed, based on need, as determined by the committee. Since the funds are replenished annually through voluntary contributions, the amount disbursed will vary from year to year.
- The taxation aid grant will be deducted from your real estate tax bill and will not exceed the real estate tax liability.
- Notification of committee's decisions will be mailed to all applicants by December 31, 2022.
- Town residents are invited to contact any member of the committee for clarification of the guidelines or for any related questions:
 - o Alejna Brugos, Committee Chair, resident member: 508-473-8197
 - o Joyce Gilmore, resident member: 508-344-8210
 - o Kathleen Nicholson, resident member: 774-573-8182
 - o Kevin Rudden, Board of Assessors Chair: 617-480-0497
 - **o** Jody Kurczy, Finance Director-Treasurer/Collector, Town of Mendon: 508-634-2413

Please return application to: Town of Mendon

Treasurer's Office

20 Main Street

Mendon, MA 01756

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Town of Mendon, MA **Elderly and Disabled Taxation Aid Fund Application 2022 Fiscal Year**

CONFIDENTIAL

Owner(s) of Record Name: _____ Age: ____ Disabled? Yes No Name: _____ Age: ____ Disabled? Yes No Phone # Email Other adult residents in household, if any: Name: _____ Age ____ Relationship_____ Name: _____ Age ____ Relationship ____ Comments: Property Address: Year bought: Someone from the Committee may contact you if there are any questions. Current Year Financial Resources and Expenses (continued on 2nd page) Amount Comments Assets Savings accounts CDs **IRAs** Stocks, bonds, mutual funds Other real estate

Other assets (please specify)

Income	Monthly	and/or	<u>Annual</u>
Wages or Salary	\$	\$	
Business Income	\$	\$	
Pension	\$		 _
Social Security	\$	\$	 _
Disability	\$	\$	
Interest/Dividends	\$	\$	 _
Retirement Fund Distributions	\$	\$	 _
Other income	\$	\$	
<u>Assistance</u>			
Fuel Assistance	\$	\$	
SNAP (Food stamps)	\$		
Clause 17E or 41D (circle which)	\$	\$	
(Real estate tax exemptions thr	ough the Boar	d of Assesso	ors)
Tax Deferral	\$	\$	
Senior Work-Off Program	\$	\$	
Circuit Breaker Credit	\$	\$	
Veteran's Exemption	\$	\$	
Other Assistance (e.g. Family)	\$		
Total Annual Income and A	ssistance	\$	
<u>Expenses</u>			
Property Taxes	\$	\$	
Mortgage	\$	\$	
Utilities (Heat, electricity, phone)	\$	\$	
Home & Car insurance	\$	\$	
Medical insurance	\$	\$	
Prescriptions	\$	\$	
Other (please specify)	\$	\$	
Total Annual Expenses		\$	
Unexpected expenses:			
Signature(s)			Date
			D 1

Please attach a copy of your Federal income tax return, and any additional information you would like the Committee to consider.

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