



TOWN OF MATTAPOISETT
16 Main St.
Mattapoissett, MA 02739

TAXPAYER INFORMATION FOR ELDERLY AND DISABLED TAX RELIEF FUND

You may be eligible to reduce your real estate taxes under the provisions of MGL Chapter 60, section 3D, if you meet the qualifications listed below. Qualifications are related to age, ownership, residency, income and assets. **Income and asset verification are required, as well as copies of current bank statements.** Applications are available on the Town's website, www.mattapoissett.net, and at the Council on Aging Wellness Center. Forms must be returned by April 1st to the Treasurer's Office, P. O. Box 433, Mattapoissett, MA 02739.

All Applicants – Elderly and Disabled:

- Must own and occupy the property as their domicile.
- Must have been a Mattapoissett resident for more than 5 years.

If Single:

- Must be 70 years of age as of July 1, 2013.
- Gross income from all sources for 2013 cannot exceed \$30,000.
- Total estate, excluding domicile, cannot exceed \$35,000.

If Married:

- One partner needs to be 70 years of age as of July 1, 2013.
- Gross income from all sources for 2013 cannot exceed \$40,000.
- Total estate, excluding domicile, cannot exceed \$45,000.

If Disabled:

- Must have SSDI or private disability insurance.
- Must meet the income and estate requirements above.

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FY2014

AID TO THE ELDERLY AND DISABLED TAXATION FUND APPLICATION

Note: Applications are due three (3) months after the mailing of Real Estate Tax Bills.
Applicants will receive the committee's decision thirty (30) days after the due date.

Applicant Guidelines

- You must be 70 years or older
- Low income
OR
- State recognized disability

Program Guidelines

- \$500 cap per year
- You must pay your tax bill even if you complete this application
- Application is valid for one year
You must re-apply each year, if seeking relief

Date of Application: ____ / ____ / ____

Name: (As it appears on your Tax Bill.) _____

Street Address: _____

How long have you resided at this address? _____

Home Telephone: _____ Work Telephone: _____

Please provide an explanation of why you are seeking assistance with your tax bill.
Include a brief description of your situation (attach additional sheets if necessary).

Have you ever applied for or received any exemption for your tax bill?

Yes No

If yes, please list when: _____

All information provided is held in strict confidence

TOWN OF MATTAPOISETT TAX RELIEF FUND APPLICATION

Please complete the following chart for all those who reside at this address.

| Name/ Employer/ Yearly Income | SS NO. | Date of Birth | Retired | Working | Unemployed |
|---|--------------------|-------------------|---------|----------|------------|
| Example: John Johnson ACME Supermarket \$8,000 | 111-11-1111 | 11/11/1921 | | X | |
| | | | | | |
| | | | | | |
| | | | | | |

From the following list, please check those areas where you and all members of your household, 18 years and older, obtain income and attach documentation to substantiate all income. If you file an income tax return, submission of your most recent 1040, 1040A or 1040EZ will fulfill the documentation requirement.

- IRS 1099 Form (Int, Div, Misc) \$ _____
- W2 Forms \$ _____
- Trust Income \$ _____
- General Relief \$ _____
- Social Security \$ _____
- SSI \$ _____
- Unemployment \$ _____
- Pension \$ _____
- VA Benefits \$ _____
- Alimony/Child Support \$ _____

Please list other income below

_____ \$ _____
 _____ \$ _____

Please list other assets. For example: 401(k) plans, stocks, certificates of deposit, and other real estate owned.

_____ _____
 _____ _____

Check if no other assets _____

Total Yearly Income: \$ _____

Please provide the most recent bank statements for all members of the household, 18 years and older.

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TOWN OF MATTAPOISETT TAX RELIEF FUND APPLICATION

How Many Automobiles do you own? Please list below.

| Automobile | Year | Make | Registered | Unregistered |
|------------|------|------|------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please list your expenses and income for a typical month (or year if bill is paid annually):

| Expenses | Monthly | Yearly | | Monthly | Yearly |
|------------------------|---------|--------|----------------|---------|--------|
| Mortgage | \$ | \$ | Food | \$ | \$ |
| Electric/Gas | \$ | \$ | Phone | \$ | \$ |
| Cable/Internet | \$ | \$ | Water/Sewer | \$ | \$ |
| Clothing | \$ | \$ | Prescriptions | \$ | \$ |
| Automobile (gas, loan) | \$ | \$ | Entertainment | \$ | \$ |
| Life Insurance | \$ | \$ | Other Expenses | \$ | \$ |

| Insurances | Monthly | Yearly |
|-------------------|---------|--------|
| Life | \$ | \$ |
| House | \$ | \$ |
| Medical | \$ | \$ |
| Auto | \$ | \$ |
| Other | \$ | \$ |

Total Expenses \$ _____

Other Information

If you would like to provide any additional comments on why you are seeking assistance with your tax bill, please include a brief description of your situation below (attach additional sheets if necessary).

The information provided in this application is true and correct to the best of knowledge of the undersigned person.

Signature: _____ Date: _____

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