

## COMMONWEALTH OF MASSACHUSETTS

Name of City or Town

Date Received \_\_\_\_\_

Application No. \_\_\_\_\_

Parcel Id. \_\_\_\_\_

**COMMITTEE TO OVERSEE THE ELDERLY AND DISABLED TAXATION FUND**  
**FISCAL YEAR \_\_\_\_\_ APPLICATION FOR REAL ESTATE TAX ASSISTANCE**  
**General Laws Chapter 60 Sec. 3D**

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION  
 (See General Laws Chapter 59 §60)

**Return to: Elderly and Disabled Taxation Fund**  
**C/O Town of Billerica Board of Assessors, Rm 109,**  
**Town Hall, 365 Boston Road, Billerica, MA 01821**  
**Tel: 978-671-0971 - Fax: 978-663-5621**

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

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

Name of Applicant: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Social Security No. \_\_\_\_\_ (optional)

Occupation \_\_\_\_\_

Legal residence (domicile) on July 1, \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

No. Street City/Town Zip Code  
 Location of property: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

No. of dwelling units: 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other \_\_\_\_\_Did you own the property on July 1, \_\_\_\_\_ Yes ☐ No ☐

If yes, were you: Sole owner ☐ Co-owner with spouse only ☐ Co-owner with others ☐

Was the property subject to a trust as of July 1, \_\_\_\_\_? Yes ☐ No ☐

If yes, please attach trust instrument including all schedules.

Have you been granted any exemption in any other city or town for this year? Yes ☐ No ☐

If yes, name of city or town \_\_\_\_\_ Amount exempted \$ \_\_\_\_\_

## DISPOSITION OF APPLICATION (COMMITTEE' USE ONLY)

Elderly ☐GRANTED ☐

Assessed tax \$ \_\_\_\_\_

Disabled ☐DENIED ☐

Tax Assistance \$ \_\_\_\_\_

\_\_\_\_\_ ☐OTHER ☐Financial condition ☐

Elderly and Disabled Taxation Fund Committee

Date voted/denied \_\_\_\_\_

Application No. \_\_\_\_\_

Date /Notice sent \_\_\_\_\_

Date: \_\_\_\_\_

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE TAX FUND COMMITTEE

CONTINUE TO BLOCK B.

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**B. STATUS.** Check status that applies to you and complete the questions that follows.

☐ **FINANCIAL HARDSHIP.**

- ☐ Due to loss of income or benefits, caused by job loss, extended illness or other reason.
- ☐ Attach letter of explanation.

☐ **OLDER AND/OR DISABLED PERSON.**

**You must meet either age or disability requisites to qualify.**

Date of birth \_\_\_\_\_ Attach copy of photo I.D. showing your age.

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

\_\_\_\_\_

*Attach a physician's letter documenting your infirmity.*

GO ON TO SECTION C

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**C. EMPLOYMENT STATUS.**

Are you able to work?    Yes ☐    No ☐    *If no, your physician's letter must confirm this status.*

If unemployed, state date of last employment

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**D. INSURANCE BENEFITS.** Complete this section if you are a surviving spouse.

Date and place of spouse's death \_\_\_\_\_

Total amount of insurance received \_\_\_\_\_

Name of insurance company or fraternal society

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**E. FAMILY ASSISTANCE.** Complete this section if you are receiving any financial assistance from family members.

Name	Relationship	Residence	Occupation	Wages	Assistance given
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CONTINUE TO BLOCK F.

**F. 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 AND LIABILITIES

#### REAL ESTATE

Domicile value \$ \_\_\_\_\_

Other value \$ \_\_\_\_\_

PERSONAL ESTATE \$ \_\_\_\_\_

Motor vehicles values (year/make/model) \$ \_\_\_\_\_

#### MORTGAGES

Mortgage(s) outstanding balances \$ \_\_\_\_\_

Equity Loan (s) outstanding balances \$ \_\_\_\_\_

Reverse Mortgage outstanding balance \$ \_\_\_\_\_

Car loan balances \$ \_\_\_\_\_

Bank account balances: (bank/address) \_\_\_\_\_ savings acct # \_\_\_\_\_ balance \$ \_\_\_\_\_

\_\_\_\_\_ checking acct # \_\_\_\_\_ balance \$ \_\_\_\_\_

Retirement Accounts: Type: \_\_\_\_\_ Depositor: \_\_\_\_\_ balance \$ \_\_\_\_\_

Other: (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ ESTIMATED VALUE: \$ \_\_\_\_\_

**TOTAL ASSETS: \$ \_\_\_\_\_ TOTAL LIABILITIES: \$ \_\_\_\_\_**

### TOTAL INCOME AND EXPENSES

#### INCOME

Monthly

Wages & salaries -Annual \$ \_\_\_\_\_ \$ \_\_\_\_\_

Unemployment compensation ..... \_\_\_\_\_

Social Security ..... \_\_\_\_\_

Other pension/retirement ..... \_\_\_\_\_

Public assistance:

AFDC..... \_\_\_\_\_

Food stamps ..... \_\_\_\_\_

Fuel assistance ..... \_\_\_\_\_

Other ..... \_\_\_\_\_

Rental income ..... \_\_\_\_\_

Business/professional profits ..... \_\_\_\_\_

Interest/dividends..... \_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

Monthly income from reverse mortgage..... \_\_\_\_\_

#### EXPENSES

Monthly

Mortgage payments (including taxes).....\$ \_\_\_\_\_

Food..... \_\_\_\_\_

Utilities:

Electricity ..... \_\_\_\_\_

Gas..... \_\_\_\_\_

Heating fuel ..... \_\_\_\_\_

Telephone ..... \_\_\_\_\_

Water/sewer..... \_\_\_\_\_

Debt payments:

Car loans..... \_\_\_\_\_

Credit cards..... \_\_\_\_\_

Personal loans..... \_\_\_\_\_

Fixed expenses:

Car insurance ..... \_\_\_\_\_

House insurance..... \_\_\_\_\_

Other (specify) \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**TOTAL \$ \_\_\_\_\_**

**CONTINUE TO BLOCK G.**

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

This 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, this return and all accompanying documents and statements are true, correct and complete.

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Signature

Date

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

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#### TAXPAYER INFORMATION ABOUT ELDERLY AND DISABLED TAXATION FUND

**ABOUT TAXATION FUND ASSISTANCE .** You may be able to reduce all or a portion of the taxes assessed on your domicile if you do not have the financial resources to pay them because (1) you are older and/or suffer some physical or mental illness, disability or impairment, (2) due to financial hardship, you can not pay your real estate taxes. Qualifications are established locally by the Committee. More detailed information may be obtained from your Board of Assessors or Elderly and Disabled Taxation Fund Committee.

**WHO MAY FILE AN APPLICATION.** You may file an application if you owned and occupied the property as of the July first commencing the fiscal year for which you are seeking assistance, and you meet the qualifications for assistance.

**WHEN AND WHERE APPLICATION MUST BE FILED.** Your application must be filed with the Committee by July 1st or 6 months after the actual bills were mailed for the fiscal year, whichever is later. **THIS DEADLINE MAY BE EXTENDED OR WAIVED BY THE COMMITTEE FOR DUE CAUSE, IF REQUESTED IN WRITING** to the Committee Secretary.

**AN APPLICATION IS FILED WHEN RECEIVED BY THE ELDERLY AND DISABLED TAX FUND COMMITTEE.**

**PAYMENT OF TAX.** Filing an application does not stay the collection of your taxes. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any additional charges, you should pay the tax as assessed if possible. If tax assistance is granted and you have already paid the entire year's tax, you will receive assistance in the form of a refund. If you are unable to make your payments, inform the committee when you file your application.

**COMMITTEE'S DISPOSITION.** Upon applying for real estate tax assistance, you may be required to provide the committee with further information and supporting documentation to establish your eligibility. The committee has 3 months from the date your application is filed and received by the Committee, to act on it unless you agree in writing before that period expires to extend it for a specific time. You will be notified in writing whether local tax payer assistance has been granted or denied.

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