

<p style="text-align: center;"><b>AID TO THE ELDERLY AND DISABLED TAXATION FUND APPLICATION</b></p>
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*Please complete all questions fully. Please print or type.*

**I. IDENTIFICATION INFORMATION**

Name of applicant: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address of property: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_ Phone No. : \_\_\_\_\_

Your date of birth: \_\_\_\_\_ Number in household: \_\_\_\_\_

Do you own the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you \_\_\_\_\_ Sole Owner \_\_\_\_\_ Co-owner with spouse only

\_\_\_\_\_ Co-owner with others

Have you ever applied for or received any aid/exemptions/deferrals from your tax bill?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate by checking all that apply:

\_\_\_\_\_ Widowed \_\_\_\_\_ Over 65

\_\_\_\_\_ Blind

\_\_\_\_\_ Veteran \_\_\_\_\_ Disabled \_\_\_\_\_ Tax Work-off

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

Have you been granted any exemption in any other city/town for this year?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of city/town: \_\_\_\_\_ Amount exempted: \_\_\_\_\_

Have you owned and occupied the property as your domicile in Marblehead for at least three years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, list the other properties you owned and/or occupied in Marblehead during the past three Years:

Address	Dates	Owned	Occupied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are applying as disabled, please check here: \_\_\_\_\_

If you are disabled, do you have SSDI? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you receive disabled veterans benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

## **II. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR:**

	<u>Applicant</u>	<u>Spouse</u>
Retirement benefits (Social Security, Railroad, Federal, MA & Political Subdivisions).....	_____	_____
Other pensions and Retirement Allowances ( including veteran's benefits).....	_____	_____
Wages, salaries and other compensation.....	_____	_____
Net profits from business or profession.....	_____	_____
Supplemental SSI.....	_____	_____
Workmen's compensation, unemployment benefit.....	_____	_____
Interest and Dividends.....	_____	_____
Other receipts (rent, capital gains, IRA distributions, Alimony, child support, trust income, Annuities, etc.).....	_____	_____
Other (please specify) _____	_____	_____
<b>TOTALS:</b>	_____	_____

Total annual income of all other household members: \_\_\_\_\_

**III. VALUE OF ASSETS ( as of July 1 of this year)**

*Documentation may be requested to verify your assets.*

REAL ESTATE:	Assessed valuation	Amount due on mortgage	Value
Domicile	_____	_____	_____
Other property	_____	_____	_____

  

PERSONAL ESTATE:			
Bank Accounts:	Name & address of bank	Account Number	Amount
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Stocks, bonds, securities, etc.	description		Amount
	_____		_____
	_____		_____
	_____		_____
Motor vehicles, boats, trailers:	Year	Make	Model
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Other non-exempt personal property:	Description		Value
	_____		_____
		TOTAL:	_____

**IV. EXPENSES:**

List your expenses	Monthly	Annual
Mortgage on residence	\$ _____	\$ _____
Mortgage on other property	\$ _____	\$ _____
Food	\$ _____	\$ _____
Electric	\$ _____	\$ _____
Gas and/or Oil (heating)	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Cable	\$ _____	\$ _____
Water/Sewer	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____

Clothing	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Auto ( gas, repairs, payments)	\$ _____	\$ _____
Insurance		
Life	\$ _____	\$ _____
Homeowners	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other (please specify):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
	<b>TOTAL:</b>	\$ _____

**CREDIT CARD DEBT:**     \$ \_\_\_\_\_

**OTHER DEBTS NOT PREVIOUSLY IDENTIFIED (please itemize):**

_____	\$ _____
_____	\$ _____

I certify that the information I have provided in this application (including documentation) is complete and accurate. I understand that all information I have submitted may be subject to verification. I understand that if I am eligible for assistance, my assistance will terminate if the Town becomes aware of any fraudulent activity related to my application/or my participation in the program. I understand that the Town, may at any time/or for any reason, and without notice modify or discontinue the assistance and eligibility criteria or terminate assistance. I understand that the Town may or may not award assistance annually. I authorize the Town to obtain information as necessary to complete the application process, verify accuracy of any information provided, or require information necessary to determine eligibility. I further understand that all information received by the Town as a result of this application and the information contained in the application will be held in strict confidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please return this completed application and all required documentation to:*

*Taxation Aid Committee  
c/o Town Treasurer  
Mary Alley Building     or  
Widger Road*

*Taxation Aid Committee  
c/o Council on Aging  
10 Humphrey St.*