TOWN OF STURBRIDGE Application for SENIOR AND DISABLED TAX ASSISTANCE

Applications are due February 15

 THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

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|  **INTRODUCTION:** |
| The Town of Sturbridge has accepted the provisions of Massachusetts General Laws Chapter 60, Section 3D to establish aid to the elderly and disabled through a taxation fund to be used for the purpose of defraying the real estate taxes of low income elderly and disabled citizens. Pursuant to M.G.L. Chapter 60, Section 3D, the Town has formed a Taxation Committee. The Sturbridge Senior and Disabled Tax Assistance fund provides property tax credits to qualifying residents. The completed application and all supporting documents must be filed at the Senior Center on or before February 15th. The applications will be reviewed in complete confidentiality by the appointed Committee. The filing of this application does not stop the collection of your tax, your taxes are still due and must be paid on time. To avoid loss of appeal rights or addition of interest and other collection charges, the tax should be paid as assessed. For assistance in filling out the application or more information, contact the Council on Aging at (508)347-7575.  |
| **ELIGIBILITY REQUIREMENTS:** |
| * The property owner must be at least 60 years old. There is no minimum age for persons with a state-recognized disability.
* Applicants must own and occupy a single family home in Sturbridge as their primary residence.
* Total gross household income shall not exceed $30,956.69 for a one-person household or $37,392.14 for a two- or- more person household. This is for all income sources in the calendar year for the application.
* The Taxation Committee considers all forms of income and assets owned by the applicant and/or their spouse, excluding the primary residence and personal property. The amount of credit varies according the size of the fund and number of qualified applicants.
* All taxes and fees due to the Town must be current.
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| **SECTION 1 – APPLICANT:** |
| Name of Applicant: Date of Birth: Phone: Marital Status: email: Do you have a disability? o Yes o NoLegal Residence:Street City/Town ZipMailing Address: Street City/Town ZipHave you ever applied for or received any exemptions/deferrals from your tax bill? o Yes o NoIf yes, which one(s):  |

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| **SECTION 2 - INCOME**  |
| Identify income sources from the following list*. If you do not receive income from a particular item enter -0-.*

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| **Source** | **Amount** | **Source** | **Amount** |
| Wages |  | Pensions |  |
| Social Security |  | Supplemental SSI |  |
| Qualified Disability Income  |  | Trust Income |  |
| Workmen’s Compensation  |  | IRA/Distribution |  |
| Rental Income  |  | Alimony/Child Support |  |
| Veteran’s Benefits  |  | Insurance |  |
| Unemployment Compensation  |  | Annuities |  |
| Interest/Dividends  |  | Other *(please explain)* |  |

 Please provide proof of your current income by attaching copies of all of the following that apply:  Social Security Benefits Award letter  IRS Form W-2   Most recent Pay Stub  Most recent Bank Statement   IRS Form 1099  |
| **SECTION 3 – CERTIFICATION** I certify that the information I have provided in this application (including documentation) is complete and accurate. I understand that the financial information I have reported may be verified by an audit. I understand that if I am eligible for assistance and the Town becomes aware of any fraudulent activity related to my application, my assistance will terminate and I will return all funds received to the Town of Sturbridge within 120 days of notification of termination. The amount an eligible applicant will receive is dependent upon total funds available and total number of eligible applicants. I understand that the Town may, at any time or for any reason, and without notice (I) modify or discontinue the assistance and eligibility criteria, or (ii) terminate assistance. I understand that this assistance is for one fiscal year only. To continue receiving assistance, I must submit a new application each subsequent year.I authorize the Town of Sturbridge to obtain information as necessary to complete the application process, verify accuracy of any information provided, or require additional information necessary to determine eligibility. APPLICANT SIGNATURE DATE  APPLICANT SIGNATURE DATE Before mailing, check to be sure that you have:  Completed all blanks on each page of the application  Signed the application  Enclosed copies of your most recent tax return and other current income and expense documentation where necessary. **Please save your original documentation****Copies you provide will not be returned**RETURN COMPLETED APPLICATION AND ALL DOCUMENTATION TO:STURBRIDGE COUNCIL ON AGING 480 MAIN STREETFISKDALE, MA 01518 |