

# TOWN OF NATICK

FISCAL YEAR \_\_\_\_\_

## FINANCIAL HARDSHIP: ELDERLY AND/OR DISABLED

MASSACHUSETTS GENERAL LAW CHAPTER 60 3D

**THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION**  
(SEE GENERAL LAWS CHAPTER 59, SECTION 60)

THIS APPLICATION MUST BE FILED WITH THE ELDERLY AND DISABLED TAXATION FUND COMMITTEE BETWEEN JULY 1<sup>ST</sup> AND NOVEMBER 15<sup>TH</sup> OF THE FISCAL YEAR FOR WHICH YOU ARE APPLYING.

**SUPPORTING DOCUMENTATION IS REQUIRED. IF YOU HAVE ALREADY RECEIVED AN AWARD FROM THE COMMITTEE IN A PREVIOUS FISCAL YEAR, YOU DO NOT NEED TO SUBMIT A COPY OF A BIRTH CERTIFICATE.**

**INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS. USE N/A IF IT DOES NOT APPLY. PLEASE PRINT LEGIBLY OR TYPE. PLEASE FILL IN ALL SECTIONS COMPLETELY.**

### IDENTIFICATION:

#### 1. NAME:

APPLICANT 1 \_\_\_\_\_ APPLICANT 2 \_\_\_\_\_

RELATIONSHIP OF APPLICANT 2 TO APPLICANT 1: \_\_\_\_\_

#### 2. # IN HOUSEHOLD (ANYONE LIVING WITH YOU):

ADULTS (include self and spouse): \_\_\_\_\_ AGES: \_\_\_\_\_ # of minors: \_\_\_\_\_ AGES: \_\_\_\_\_

RELATIONSHIP OF ADULTS AND MINORS LIVING IN HOUSEHOLD: \_\_\_\_\_

### 3. LEGAL DOMICILE (RESIDENCE):

APPLICANT 1: \_\_\_\_\_ Telephone# \_\_\_\_\_

APPLICANT 2: \_\_\_\_\_ Telephone# \_\_\_\_\_

MAILING ADDRESS, if different from above: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_ # OF UNITS \_\_\_\_\_

HAVE YOU OWNED THE PROPERTY SINCE July 1, 20\_\_ ?  YES  NO Date of  
Ownership \_\_\_\_\_

IF YES, HOW DO YOU HOLD TITLE?  Sole Owner  Co-owner with spouse only  Co-owner with others

Is the property subject to a trust?  Yes  No (If yes, please provide a copy of the trust documents including all schedules)

HAVE YOU BEEN GRANTED ANY EXEMPTION IN ANY OTHER CITY OR TOWN?  YES  NO

HAVE YOU BEEN GRANTED ANY OTHER TAX RELIEF FOR THIS YEAR?  YES  NO

IF YES, NAME OF CITY OR TOWN \_\_\_\_\_ AMOUNT GRANTED \$ \_\_\_\_\_

**4. STATUS:** (please check all that apply to you)

Elderly (60 years and older) BIRTHDATE: \_\_\_\_\_

Disabled: If checked, please answer the following questions:  
What type of Disability benefits do you receive?  Social Security  Employer  None  Other: \_\_\_\_\_  
Please describe the physical or mental illness, disability or impairment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. EMPLOYMENT:**

What is your current employment status?  
APPLICANT 1:  Employed  Retired  Disabled  Unemployed

If employed, who is your current employer? \_\_\_\_\_ Date of employment \_\_\_\_\_

If unemployed, what is the date of last employment? \_\_\_\_\_ Occupation \_\_\_\_\_

APPLICANT 2:  Employed  Retired  Disabled  Unemployed

If employed, who is your current employer? \_\_\_\_\_ Date of employment \_\_\_\_\_

If unemployed, what is the date of last employment? \_\_\_\_\_ Occupation \_\_\_\_\_

**6. NON-GOVERNMENTAL ASSISTANCE:** please list all financial assistance you are receiving from family members and other sources:

<u>Name</u>	<u>Relationship to You</u>	<u>Amount of Assistance Given</u>
_____	_____	_____
_____	_____	_____

**7. FINANCIAL STATEMENT**

**PLEASE COMPLETE THIS SECTION CAREFULLY AND COMPLETELY. ATTACH COPIES OF BANK STATEMENTS, ETC. TO VERIFY ALL ACCOUNT BALANCES/ SOCIAL SECURITY RETIREMENT OR OTHER INCOME.**

Please answer these questions:

Do you have a trust fund?  Yes  No If yes, what is the balance? \$ \_\_\_\_\_

Do you own any personal property with substantial value such as artwork? If yes, value \$ \_\_\_\_\_

Value of all personal property: \$ \_\_\_\_\_ Value of Automobiles owned \$ \_\_\_\_\_

Have you transferred any assets in the past year to anyone?  Yes  No If yes, please describe in detail the asset transferred, the value, the person to whom it was transferred, the reason and the relationship to you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ASSETS:**

**LIABILITIES:**

**INVESTMENTS:**

**1. BANK\BROKERAGE ACCOUNTS:**

BANK\BROKERAGE	AMOUNT:
_____	\$ _____
_____	\$ _____
_____	\$ _____

**2. STOCKS\BONDS\OTHER:**

BANK\BROKERAGE\TYPE	AMOUNT:
_____	\$ _____
_____	\$ _____
_____	\$ _____

**3. INCOME (LIST ALL):**

TYPE:	MONTHLY AMOUNT:
SOCIAL SECURITY:	\$ _____
PENSIONS:	\$ _____
OTHER	\$ _____
INVESTMENT INCOME:	\$ _____
ANNUITIES:	\$ _____
Cash Value of Annuities	\$ _____

**(A COPY OF A STATEMENT FOR ALL INCOME SOURCES AND ALL INVESTMENT ACCOUNTS MUST ACCOMPANY THE APPLICATION)**

**EXPENSES:**

**1. MORTGAGES including Equity Loans:**

BANK:	AMOUNT:	PAYMENT:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**2. LOANS:**

BANK:	AMOUNT:	PAYMENT:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**3. EXPENSES (LIST ALL):**

TYPE:	BALANCE:	MO. PAYMENT:
CREDIT CARDS:	\$ _____	\$ _____
UTILITIES:	\$ _____	\$ _____
INSURANCES:	\$ _____	\$ _____
FOOD/CLOTHING/ BASICS:	\$ _____	\$ _____
GASOLINE:	\$ _____	\$ _____
HEATING OIL:	\$ _____	\$ _____
MEDICAL:	\$ _____	\$ _____
TELEPHONE	\$ _____	\$ _____
WATER/SEWER	\$ _____	\$ _____

**8. COMMENTS YOU WISH TO MAKE TO THE COMMITTEE REGARDING EXTENUATING CIRCUMSTANCES OR EXPLANATIONS (ATTACH SEPARATE PAGE IF NEEDED):**

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**9. SIGNATURE.**

**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 APPLICATION AND ALL ACCOMPANYING DOCUMENTS AND STATEMENTS ARE TRUE, CORRECT AND COMPLETE AND I HAVE NOT OMITTED ANY INCOME OR ASSETS.**

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CHECKLIST FOR SUBMISSION (SKIP THE ITEM IF IT DOES NOT APPLY TO YOU):**

- ALL SECTIONS OF THE APPLICATION ARE COMPLETE.
- ALL PARTIES HAVE SIGNED THE APPLICATION.
- RECENT COPIES OF MY BANK\BROKERAGE STATEMENTS ARE INCLUDED.
- COPY OF MY MOST RECENT SOCIAL SECURITY AWARD LETTER IS INCLUDED.
- COPIES OF MY MOST RECENT MORTGAGE(S) STATEMENT(S) INCLUDED.
- COPIES OF MY MOST RECENT ANNUITY/PENSION STATEMENTS ARE INCLUDED.
- MOST RECENT TAX RETURNS ARE INCLUDED FOR INVESTMENTS.
- A COPY OF MY MOST RECENT PAYSTUB IS INCLUDED.
- A COPY OF THE SOCIAL SECURITY DISABILITY LETTER OR DOCTOR'S LETTER INCLUDED.
- A COPY OF BIRTH CERTIFICATE(S) ATTACHED (FOR FIRST-TIME APPLICANTS ONLY)

**IMPORTANT REMINDER: IN ORDER TO RECEIVE CONSIDERATION, YOU MUST RETURN THIS APPLICATION TO THE ASSESSOR'S OFFICE BY NO LATER THAN NOVEMBER 15<sup>TH</sup> AT 5:00PM.**

**NOTICES:**

**TAXATION FUND. YOU MAY BE ELIGIBLE TO RECEIVE ASSISTANCE IN PAYING A PORTION OF THE TAXES ASSESSED ON YOUR DOMICILE IF YOU DO NOT HAVE THE FINANCIAL RESOURCES TO PAY THEM BECAUSE YOU (1) ARE OLDER AND/OR (2) SUFFER SOME PHYSICAL OR MENTAL ILLNESS, DISABILITY OR IMPAIRMENT. QUALIFICATIONS ARE ESTABLISHED LOCALLY BY THE ELDERLY AND DISABLED TAXATION FUND COMMITTEE. MORE DETAILED INFORMATION MAY BE OBTAINED FROM THE ASSESSORS.**

**WHO MAY FILE AN APPLICATION. YOU MAY FILE AN APPLICATION IF YOU HAVE OWNED AND OCCUPIED THE PROPERTY AND MEET ALL QUALIFICATIONS SET FORTH BY THE COMMITTEE.**

**WHEN AND WHERE APPLICATIONS MUST BE FILED. YOUR APPLICATION MUST BE FILED WITH THE COMMITTEE BETWEEN JULY 1<sup>ST</sup> AND NOVEMBER 15<sup>TH</sup>. AN APPLICATION IS FILED WHEN RECEIVED BY THE 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/OR COLLECTION ACTION. TO AVOID ANY ADDITIONAL CHARGES, YOU SHOULD PAY THE TAX AS ASSESSED IF POSSIBLE. IF ASSISTANCE IS GRANTED AND YOU HAVE ALREADY PAID THE ENTIRE YEAR'S TAX, YOU WILL RECEIVE A REFUND OF THE OVERPAYMENT.**

**TAX FUND DISPOSITION. UPON APPLYING FOR COMMITTEE ASSISTANCE, YOU MAY BE REQUIRED TO PROVIDE THE COMMITTEE WITH FURTHER INFORMATION AND SUPPORTING DOCUMENTATION TO ESTABLISH YOUR ELIGIBILITY. YOU WILL BE NOTIFIED IN WRITING ON OR BEFORE DECEMBER 31<sup>ST</sup> WHETHER AN AWARD HAS BEEN GRANTED OR DENIED.**