

COMMONWEALTH OF MASSACHUSETTS

Town of Danvers

Name of City or Town

Date Received _____

Application No. _____

Parcel Id. _____

COMMITTEE TO OVERSEE THE ELDERLY AND DISABLED TAXATION FUND
FISCAL YEAR 2023 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 & Disabled Taxation Fund
c/o Town of Danvers Board of Assessors
1 Sylvan Street, Danvers, MA 01923

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

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 \$ _____

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.

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

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

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

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		MORTGAGES	
Domicile value	\$ _____	Mortgage(s) outstanding balances	\$ _____
Other value	\$ _____	Equity Loan (s) outstanding balances	\$ _____
PERSONAL ESTATE	\$ _____	Reverse Mortgage outstanding balance	\$ _____
Motor vehicles values (year/make/model)	\$ _____	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	EXPENSES	Monthly
Wages & salaries -Annual \$ _____	\$ _____	Mortgage payments (including taxes).....	\$ _____
Unemployment compensation	_____	Food.....	_____
Social Security	_____	Utilities:	
Other pension/retirement	_____	Electricity	_____
Public assistance:		Gas.....	_____
AFDC.....	_____	Heating fuel	_____
Food stamps	_____	Telephone	_____
Fuel assistance	_____	Water/sewer.....	_____
Other	_____	Debt payments:	
Rental income	_____	Car loans.....	_____
Business/professional profits	_____	Credit cards.....	_____
Interest/dividends.....	_____	Personal loans.....	_____
Other (specify) _____	_____	Fixed expenses:	
_____	_____	Car insurance	_____
Monthly income from reverse mortgage.....	_____	House insurance.....	_____
		Other (specify) _____	_____

TOTAL \$ _____ TOTAL \$ _____

CONTINUE TO BLOCK G.

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.

Signature

Date

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

TAXPAYER INFORMATION ABOUT ELDERLY AND DISABLED TAXATION FUND

ABOUT TAXATION FUND ASSISTANCE. You must 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 Assessor's office between July 1st and April 1st. This deadline may be extended by the COMMITTEE for Due Cause, if a request to extend is made in writing prior to the deadline.

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 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 DISPOSTION. 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 will begin reviewing applications in late February or early March. Awards will be applied to the Fourth Quarter Taxi Bill. Applications received after March 1st may not be reflected on the Tax Bill. In such cases a refund check for the award will be issued. You will be notified in writing whether local assistance has been granted or denied.
