Arlington Council on Aging 27 Maple Street Arlington, MA 02476 781-316-3400



ELDERLY AND DISABLED TAX RELIEF FUND APPLICATION FISCAL YEAR 2018

Requirements:

- You must be 60 years or older as verified by a government issued photo ID OR
- Have a state recognized disability

AND

- You must meet income eligibility requirements
- You must be a United States Citizen.
- You must pay your tax bill even if you complete this application.
- Application is valid for one year. You must re-apply each year, if seeking relief.

| Date of Application:/ | |
|---|---|
| Property Owner(s): (Name(s) as appear on your tax bill) | |
| Street Address: | |
| | |
| How long have you resided at this address? | _ |
| How long have you lived in Arlington? | _ |
| | |
| Home Telephone: | |
| | |
| | |
| Are you disabled? Yes No If yes, what is your SSDI number? | |
| | |
| | |
| If yes, what is your SSDI number? | |

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Please complete the following chart for all those who reside at this address in addition to applicant

| Name | Date of Birth | Retired | Working | Unemployed |
|------|---------------|---------|---------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

From the following list, please fill in those areas where you and all members of your household, 18 years and older obtain income.

| Type of Income | Monthly |
|--------------------------------|---------|
| IRS 1099 Form (Int, Div, Misc) | \$ |
| W2 Forms | \$ |
| Trust Income | \$ |
| General Assistance (ex: SNAP, | \$ |
| Fuel Assistance) | |
| Social Security | \$ |
| SSI | \$ |
| Unemployment | \$ |
| Pension | \$ |
| VA Benefits | \$ |
| Alimony/Child Support | \$ |
| Property Tax Work Off | \$ |
| Other: | \$ |
| Other: | \$ |
| Other: | \$ |

| Tota | ΙN | lont | hly | Income: | Ş | | | | |
|------|----|------|-----|---------|---|--|--|--|--|
| | | | | | | | | | |

Please list other assets. For example: checking, savings 401(k) plans, stocks, certificates of deposit, and other real estate owned

| Asset Type | Current Value |
|------------|---------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

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| How many | y automobiles do y | you own? | Please | list belov | N |
|----------|--------------------|----------|--------|------------|---|
| | | | | | |

| Automobile | Year | Make | Registered | Unregistered |
|------------|------|------|------------|--------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Please list your expenses for a typical month

| Expenses | Monthly |
|--|---------|
| Monthly Mortgage | \$ |
| Home Insurance | \$ |
| Electric | \$ |
| Gas | \$ |
| Heating Oil | \$ |
| Water/Sewer | \$ |
| Cable/Internet | \$ |
| Phone(s) | \$ |
| Medical (insurance and other expenses) | \$ |
| Prescriptions | \$ |
| Life Insurance | \$ |
| Automobile (gas, loan, insurance) | \$ |
| Food | \$ |
| Clothing | \$ |
| Entertainment | \$ |
| Credit Card Payments | \$ |
| Other | \$ |

| otal Expenses | \$ |
|---------------|----|
|---------------|----|

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Other Information

| If you would like to provide any additional comments on why you are seeking assistance with your tax |
|---|
| bill, please include a brief description of your situation below (attach additional sheets if necessary). |
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| |
| The information provided in this application is true and correct to the best of my knowledge. |
| Signature: |
| |
| Date: |