

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: _____ Work/Cell Telephone: _____

Are you disabled? Yes _____ No _____.

If yes, what is your SSDI number? _____

Have you ever applied for or received any exemption for your tax bill? Yes _____ No _____

If yes, please list when: _____

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How many automobiles do you own? _____ Please list below.

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	\$
Other	\$
Other	\$
Other	\$

Total 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).

The information provided in this application is true and correct to the best of my knowledge.

Signature: _____

Date: _____