27 Maple Street Arlington, MA 02476 781-316-3400



ELDERLY AND DISABLED TAX RELIEF FUND APPLICATION FY 2024

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: \$58,000 (Single), \$73,000 (Head of Household), \$88,000 (Filing Joint) available assets may not exceed \$100,000
- You must pay your tax bill even if you complete this application
- Application is due by January 31, 2024

You will be contacted by March 31, 2024 regarding a decision. If funding will be granted, a reduction will be made on Quarter 4 property tax bill. The funds available are based on donations made by residents in any given year.

Date of Application:/	
Property Owner(s): (Name(s) as appears 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	
Have you ever applied for or received any exemption for your tax bill? YesNo	
If yes, please list when:	

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

Name	Date of Birth	Retired	Working	Unemployed

Type of Income	Monthly
Employment	\$
Interest/Dividend Income	\$
Public Assistance (SNAP, Fuel Assistance)	\$
Social Security	\$
SSI/ SSDI	\$
Unemployment	\$
Pension	\$
VA Benefits	\$
Alimony/Child Support	\$
Property Tax Work Off	\$
Other:	\$
Other:	\$
Other:	\$
	\$

Total Monthly Income: \$

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

Asset Type	Current Value
	\$
	\$
	\$
	\$
	\$
	\$
	\$

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

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: _____