

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? Yes _____ No _____

If yes, please list when: _____

| 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 | \$ |
| Other | \$ |
| Other | \$ |
| 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: _____