

## Barnstable Elderly & Disabled Taxation Aid Committee

C/O Town Treasurer's Office  
230 South Street  
Hyannis, MA 02601  
Ph: (508) 862-4656  
Fax: (508) 862-4779



Bill Garreffo Chairperson  
William Murdoch Committee Member

JoAnna Callahan Assistant Treasurer

### Barnstable Elderly & Disabled Taxation Aid Fund

#### Background

The Barnstable Town Council has accepted Massachusetts General Law, Chapter 60, Section 3D which allows the Town to establish a fund to defray the real estate taxes of low income elderly and disabled persons. Taxpayers contribute to the fund through a voluntary check off on their real estate tax bills. The funds collected are distributed to needy individuals through an annual award process. To be considered for this annual award, potential recipients need to meet the following eligibility requirements and complete and submit the attached application form.

#### Eligibility

- **65 years or older** on July 01, 2019  
**OR**
- **Disabled-** Applicant must be receiving benefits from a State or Federal recognized disability entity. (ex.: Social Security Administration, Veterans Administration)
- **Total gross household** income shall not exceed **\$35,000.00 single**, or **\$40,000 married**. **Other assets must be less than \$40,000**. Other Assets are the value of personal property and other real estate excluding domicile. This includes cars, boats, savings and checking accounts.

*Gross household income is income earned in the calendar year ending 12/31/2018 and should include all income received from all sources by the applicant as well as any additional residents in the household. Please be advised that we refer to the official Town Census Listing to confirm household residents.*

- Applicant(s) must be the titled owner of the property or hold a life estate in the property on July 01, 2019. If Title is held by a Trust, **the applicant must be both a trustee and at least a 50% beneficiary of the trust in order to qualify. The property must be the applicant's primary residence.**
- Please provide proof of income by attaching copies of all the following that apply:

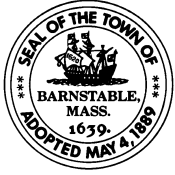
Social Security Benefits Award letter  
Bank/Investment Account Statements  
IRS Form W-2  
IRS Form 1099  
Pay Stubs  
IRS Form 1040

### Timeline

Applications will be accepted through **January 15, 2020**. Awards will be announced by **January 31, 2020** and be applied to the applicant's residential tax bill.

Applications should be sent to:

Barnstable Elderly & Disabled Taxation Aid Committee  
C/O Town Treasurer's Office  
230 South Street  
Hyannis, MA 02601



# Barnstable Elderly & Disabled Taxation Aid Committee

C/O Town Treasurer's Office  
230 South Street  
Hyannis, MA 02601

Phone: (508) 862 4653  
Fax: (508) 862-4779



## FY 2020 APPLICATION

Date Received:		Parcel Identifier:	
Street address:		Home phone: (      )	
P.O. Box:	City:	State:	ZIP Code:

### APPLICANT INFORMATION

Last name:		First:	Middle:	Age:	Disabled: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this your Permanent Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status:		Birth date:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Have you received an Elderly and Disabled award in previous years? <input type="checkbox"/> Yes <input type="checkbox"/> No		# Of Individuals in Household? —		Do You Own the Property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Years at this Address?		If yes- are you? <input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-Owner with Spouse <input type="checkbox"/> Co-Owner with Other <input type="checkbox"/> Life Estate <input type="checkbox"/> Trust		

Have you applied for or received any aid/exemptions/deferrals from your tax bill? (check one)  
 Yes     No

If yes, please indicate by checking all that apply:

Widowed     Over 70     Blind     Veteran     Disabled     Tax Work-off  
( Contact the Human Resources Department for further information)

Residential     Other (please specify).....

How did you hear about this program (please check one box):

Family/Friend     Town Website     Town Department     Channel 18     Other (please specify).....

### HOUSEHOLD INFORMATION

Complete the following for all who reside at this address: **This information is confirmed with the Official Town Census Listing**

Name	Relationship	DOB

**INCOME**Please list all income stated in **ANNUAL** terms. Include income received during the preceding calendar year.

<b>Income Type</b>	<b>Applicant</b>	<b>Spouse/Other Household Members</b>
Retirement Benefits (Social Security, Federal, MA and Political Subdivisions )		
Other Pension Benefits and Retirement Allowances (including Veteran's Benefits)		
Wage, salaries and other compensation		
Profits from business or profession		
Supplemental SSI		
Workers Compensation, Unemployment Benefit		
Interest and Dividends		
Other Income (Rent, IRA's, Alimony, Child Support, Trust Income, Annuities, etc.)		
Other (Please specify) Eg: financial assistance from family members..... .....		
<b>TOTAL INCOME</b>	\$	\$

**EXPENSES**Please list all expenses stated in **ANNUAL** terms. (Copies of most recent household bills may be requested)

Mortgage Payments on Residence	
Mortgage Payments on other property	
Equity or other Real Estate Loan payments	
Household electricity/gas/oil payments	
Water / Sewer bill	
Real Estate Tax payment	
Phone/Cable Television bill	
Food	
Clothing	
Car Loans	
Personal Loan Payments	
Entertainment	
Medical Bills (including prescription drugs)	
Insurance : Medical /House / Auto / Life	
Other payments not previously identified. Please itemize:	
<b>TOTAL EXPENSES</b>	\$



**SUPPORTING INFORMATION**

Please document any unusual circumstances or additional comments that support your application. If disabled what is the nature of your disability:

Empty box for supporting information.

**CERTIFICATION**

I certify that the information I have provided in this application (including supporting documentation) is complete and accurate. I understand that all information is subject to verification. I understand that if approved and the Town of Barnstable becomes aware of any fraudulent activity related to my application, my assistance will terminate and I will return all funds received to the Town of Barnstable within 120 days of notification of termination. The amount an eligible applicant will receive is dependent upon determination of need by the Barnstable Elderly and Disabled Aid Committee, total funds available and number of eligible applicants. I understand that this is assistance for one fiscal year only. To continue receiving assistance, I must submit a new application each subsequent year. I authorize the Town of Barnstable to obtain further information as necessary to complete the application process, verify accuracy of any information provided, or require additional information necessary to determine eligibility. All information received by the Town of Barnstable will be held in strict confidence.

Applicant Signature

Date

**COMMITTEE USE ONLY**

Date Received .....

Application Qualified  Yes  No  Pending

Rating **A B C D**

Date Voted .....

Award Amount .....

Notice Sent .....