

**WELLFLEET TAXATION AID FUND  
FOR  
ELDERLY AND DISABLED HOMEOWNERS**



**GUIDELINES AND APPLICATION  
FISCAL YEAR 2018**

**Application for the Fall tax bill must be submitted by**

**Friday, June 30, 2017 by 4:00 p.m.**

**Return by mail or in person to:**

**Town Treasurer, Wellfleet Town Hall  
300 Main Street, Wellfleet MA 02667**

**Town Treasurer Phone: 508-349-0346  
Office Hours: Monday-Friday, 8:00am-4:00pm**

*All information supplied to the Committee will be held in the strictest of confidence and is not open for public inspection.*

*Application updated March 2017*

**WELLFLEET TAXATION AID FUND FOR ELDERLY AND DISABLED  
FISCAL YEAR 2018**

**APPLICATION GUIDELINES**

**PURPOSE:** This fund was established to provide taxation assistance for eligible elderly and/or disabled residents of Wellfleet with their real estate tax payments. The fund was authorized by vote of Annual Town Meeting, April 22, 2013, Article 9 (acceptance of Massachusetts General Law Chapter 60, Section 3D), with volunteer contributions from Wellfleet citizens.

**ELIGIBILITY CRITERIA** for assistance from this fund are as follows:

- **OCCUPANCY:** Applicant must own and occupy the real estate in Wellfleet as his or her domicile, and must be either:
  - 1) the titled owner listed on the current property deed
  - OR 2) the primary beneficiary listed on a life estate trust of the property
  - OR 3) the primary trustee listed on a real estate trust.

“Domicile” is defined as **the Applicant must live at this address in Wellfleet for at least 6 months, and hold title to the taxed property for a full year.**

- **CRITERIA: Applicant must be elderly or disabled.**

“Elderly” is defined as a homeowner who is at least **55 years of age** on or before **January 1** in the fiscal year for which aid is being requested.

“Disabled” is defined as a homeowner who is not able to work due to illness or accident and is currently receiving benefits from one or more of the following programs based on a determination of disability:

Social Security Administration, SSI or Medicaid, Veterans Administration, Workers Compensation, Wellfleet Board of Assessors, or any other such program or agency providing public/financial assistance due to the disability, or other documentation of a comparable disability satisfactory to the Committee.

- **GROSS INCOME:** Total yearly gross income of Applicant(s), *including Social Security*, must **be less than \$40,000 if single, or less than \$55,000 if married.**

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**APPLICATION PROCESS**

- **APPLICATION FORMS** will be available April through June at the Wellfleet Public Library and Council on Aging, and available year-round at the Town Hall and on the Town of Wellfleet website [www.wellfleet-ma.gov](http://www.wellfleet-ma.gov)
- **DEADLINE:** Applications must be delivered or postmarked no later than: **June 30, 2017 by 4:00 PM** and must be accompanied by all supporting documents.
- **OTHER TAX EXEMPTIONS:** We suggest you first avail yourself of the exemptions offered by the Wellfleet Board of Assessors which include exemptions for: Elderly / Widowed Spouse / Disabled Veteran / Blind / Discretionary Hardship / Tax Deferral

For qualifying information, contact the Board of Assessors. Under no circumstances will the total exemptions combined with taxation aid exceed the total amount of your current tax bill.

- **TAX DEFERRAL:** A homeowner is **NOT** eligible for the Wellfleet Taxation Aid Fund if in a Clause 41A Wellfleet Property Tax Deferral.
- **PRIVACY:** All information supplied to the Committee will be held in the strictest of confidence and not be open for public inspection.
- **ADDITIONAL CIRCUMSTANCES:** In reviewing eligible applications, consideration will also be given to an applicant's overall financial situation as determined by value of other assets and personal property, living expenses, and unusual financial hardship.
- **RETURN WITH COPIES OF THE FOLLOWING SUPPORTING DOCUMENTS:**
  - \_\_\_ Completed Application Form (assistance is available through the Council on Aging)
  - \_\_\_ Current Driver's License (or) Photo ID
  - \_\_\_ Wellfleet Real Estate Tax and Personal Property Tax bills (most recent)
  - \_\_\_ Federal Income Tax Return, include all pages (most recent)
  - \_\_\_ Cover page of Property Deed (or) Life Estate Trust (or) Real Estate Trust (current)
  - \_\_\_ Disability Benefits documentation (if disabled)
- **MAIL OR DELIVER TO:**  
Town Treasurer, Wellfleet Town Hall, 300 Main Street, Wellfleet, MA 02667

**DISTRIBUTION OF FUNDS**

- **FALL:** If taxation aid assistance is awarded in the fall, the applicant will be notified by mail, and the amount will be **applied to the first half of the Fiscal Year 2018 tax bill, which will be mailed in the fall of 2017.**
- **SPRING:** If taxation aid assistance is awarded in the spring, **the amount will be applied to the second half of the Fiscal Year 2018 tax bill.**

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FISCAL YEAR 2018**

*If you need assistance completing this application,  
please contact the Senior Center at 508-349-2800 or 508-349-0313.  
All items must be current and attached for application to be considered.*

**APPLICATION CHECKLIST (PLEASE MARK AND ATTACH)**

- Does Applicant meet all eligibility criteria in Guidelines?
- All items on application are complete. If not, please note on Certification page
- Unusual circumstances or additional comments, if applicable

**ATTACH THE FOLLOWING TO THE APPLICATION:**

- Copy of current Driver's License (or) Photo ID
- Copy of most recent Wellfleet Real Estate Tax and Personal Property Tax bills
- Copy of most recent Federal Income Tax Return, all pages
- Copy of Cover Page of Property Deed (or) Beneficiary Page of Trust
- Copy of Disability Documentation, if applicable  
(doctor's note if temporary, or documentation of disability benefits if permanent)

**COMPLETE AND RETURN TO WELLFLEET TOWN HALL:**

- On last page of Application form, initial in two places, sign and date.
- Applicant should make a copy of this application for your own file,  
and submit original application with current copies of supporting documents to:  
**Town Treasurer's office by Friday, June 30, 2017 at 4:00 PM**

*If your application is not complete, or is submitted after the deadline,  
your application will NOT be reviewed and no assistance will be awarded.  
However, you may reapply at any time with current documentation  
for consideration on your next tax bill.*

**WELLFLEET TAXATION AID FUND FOR ELDERLY AND DISABLED  
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**APPLICATION – PLEASE PRINT CLEARLY**

**1. APPLICANT'S NAME** \_\_\_\_\_

*Applicant must be the current owner, or the primary beneficiary if the property is in Trust*

Mailing Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Are you a registered voter in Wellfleet?  Yes  No If no, town/state: \_\_\_\_\_

**2. NAME ON TAX BILL** (if different from Applicant above) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**3. ADDRESS OF PROPERTY** \_\_\_\_\_

Years owned: \_\_\_\_\_ Or if moved to this address within the past 12 months, Date: \_\_\_\_\_

Is this your primary domicile for at least 6+ months of the calendar year?  Yes  No

Total # of Dependents living on property? \_\_\_\_\_ Children under 18 \_\_\_\_\_ Adults 18+ \_\_\_\_\_

**4. PROPERTY IN TRUST?**  Yes  No If yes, type of Trust: \_\_\_\_\_

*Please attach copy of beneficiary page of Trust*

Primary Trustee: \_\_\_\_\_

Secondary Trustee(s): \_\_\_\_\_

Do you own any other properties and/or are a beneficiary of other Trusts?  Yes  No

Please specify: \_\_\_\_\_

**5. ANY OTHER TAX EXEMPTIONS ON YOUR WELLFLEET REAL ESTATE BILL?**

Are you receiving other tax exemptions, abatements or assistance?  Yes  No

If yes, list \$ amounts:

Elderly \$ \_\_\_\_\_ Disabled Veteran \$ \_\_\_\_\_ Tax Deferral \$ \_\_\_\_\_

Blind \$ \_\_\_\_\_ Widowed Spouse \$ \_\_\_\_\_ Year(s) \_\_\_\_\_

Discretionary Hardship \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**6. DISABILITY?**  Yes or  No /  Temporary or  Permanent

*Please attach doctor's note or documentation of disability benefits*

Nature of Applicant's disability: \_\_\_\_\_

**7. OTHER CONSIDERATIONS?** Are there any unusual or extraordinary circumstances affecting your financial situation this year that you wish to have considered?  Yes  No

If yes, please explain \_\_\_\_\_

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<b>MORTGAGE PAYMENTS ?</b>	\$ _____	<b>TOTAL ANNUAL AMOUNT</b>
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<b>GROSS INCOME FROM</b>	<b>ANNUAL</b>	<b>SOURCE / COMMENTS</b>
Wages or Salary:	\$ _____	_____
Business Net Income:	\$ _____	_____
<i>Calculate adjusted gross income less expenses as reflected on tax return Schedule C or K1.</i>		
Social Security:	\$ _____	_____
Retirement Pensions:	\$ _____	Fed, State, Local, Other_____
Workers Compensation, Unemployment:	\$ _____	_____
Disability, Supplemental SSI:	\$ _____	_____
Interest and Dividends:	\$ _____	_____
Rental Income:	\$ _____	_____
IRAs, 401Ks, Trusts, Annuities:	\$ _____	_____
Other income (please specify):	\$ _____	_____
	\$ _____	_____
<b>TOTAL GROSS INCOME</b>	<b>\$ _____</b>	

<b>ESTIMATED ASSETS</b>	<b>TOTAL AMOUNT OR VALUE</b>	
Other Real Estate (owned or trusts):	\$ _____	
Address _____ State ____ Country _____		
Checking, Savings, Money Market Funds:	\$ _____	
CDs, Annuities, IRAs/401Ks:	\$ _____	
Stocks, Bonds:	\$ _____	
Mutual Funds:	\$ _____	
Reverse Mortgage Value:	\$ _____	
Other investments (please specify):	\$ _____	_____
Vehicles, Boats – year, make, model	\$ _____	_____
<i>Used for your job?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
Personal property of significant value: ex. Collections, Art, Antiques, Jewelry	\$ _____	_____
<b>TOTAL ESTIMATED ASSETS</b>	<b>\$ _____</b>	

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**CERTIFICATION BY APPLICANT AND/OR LEGAL REPRESENTATIVE**

I \_\_\_ (**initials**) 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 Wellfleet 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 Wellfleet within 120 days of notification of termination.

I \_\_\_ (**initials**) authorize the Town of Wellfleet 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.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**ANY INFORMATION INCOMPLETE? Explain:** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

*Please see checklist and attach copies of all supporting documents.*

**Name, if legal representation** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

*Signed and submitted under the penalties of perjury.*

**FOR TAXATION AID COMMITTEE USE ONLY / FINAL ACTION – NO APPEAL**

Date Granted: _____	T.A.C. Members _____
Amount: \$ _____	_____
Date Denied: _____	_____
Reason: _____	_____
_____	_____