

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



**GUIDELINES AND APPLICATION
REAL ESTATE TAX -- FISCAL YEAR 2019**

Deadline for the Fall 2019 Wellfleet Tax Bill is:

FRIDAY, JULY 20, 2018 by 4:00 p.m.

Return by mail or in person to:

**Town Treasurer/Collector, 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 May 2018

**WELLFLEET TAXATION AID FUND FOR ELDERLY AND DISABLED
FISCAL YEAR 2019**

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 for assistance from this fund are as follows:

- **OCCUPANCY:** Applicant must currently own and live at this address in Wellfleet for at least 6 months as their primary residence.

- **TITLE:** In addition, the Applicant must be **either:**
Titled Owner listed on the current property deed for the current year,
or Primary Beneficiary listed on a Life Estate Trust of the property,
or Primary Trustee listed on a Real Estate Trust.

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

“Elderly” is defined as a homeowner who is at least **55 years of age** by the application deadline.

“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.**

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

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APPLICATION PROCESS

- **APPLICATION FORMS** will be available January through June at the Wellfleet Public Library and Council on Aging, and are available year-round at Wellfleet Town Hall and on the Town of Wellfleet website: www.wellfleet-ma.gov
- **DEADLINE:** Applications can be submitted once your current IRS tax filing is complete. Applications must be delivered or postmarked to Town Hall on or before the date on the cover, and must be accompanied by ALL supporting documents. If application is received incomplete, the applicant will be contacted. If application is received after the deadline, it will be held and reviewed for the next real estate tax bill during the current fiscal year. Emergency-only applications can be submitted at any time, to be reviewed at next meeting.
- **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.
- **ADDITIONAL CIRCUMSTANCES:** In reviewing 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/Collector, Wellfleet Town Hall, 300 Main Street, Wellfleet MA 02667
- **DISTRIBUTION OF FUNDS**

Fall Tax Bill: Taxation aid assistance is awarded in the fall on a one-time-per-year basis. The applicant will be notified by mail and, if awarded, the amount will be applied to the first half of the Fiscal Year 2019 tax bill, which will be mailed in the fall of 2018.

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*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 current 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/Collector's office by Friday July 20, 2018 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*

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for consideration on your next tax bill.

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APPLICATION – PLEASE PRINT CLEARLY AND SUBMIT PAGES 4 - 7

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 people living on property, including yourself: Adults 18+ _____ Children -18 _____

Are other adults regularly contributing to household expenses? Y/N _____? If yes, enter \$ on page 6 as Other Income.

4. PROPERTY IN TRUST? Yes No If yes, what type of Trust? _____

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

Attach doctor's note or documentation of disability benefits

If yes, 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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MORTGAGE PAYMENTS ?	\$ _____	TOTAL ANNUAL AMOUNT
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GROSS INCOME FROM	ANNUAL	SOURCE / COMMENTS
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):	\$ _____	_____
	\$ _____	_____
TOTAL GROSS INCOME	\$ _____	

ESTIMATED ASSETS	TOTAL AMOUNT OR VALUE	
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		
TOTAL ESTIMATED ASSETS	\$ _____	

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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: _____	_____
_____	_____