

WELLFLEET TAXATION AID FUND

FOR

ELDERLY AND DISABLED

GUIDELINES AND APPLICATION

FISCAL YEAR 2016

The application deadline has been extended to:

4:00 p.m., Tuesday, June 30, 2015

Return by mail or in person to:

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

**Town Treasurer Telephone: 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 not be open for public inspection.

*Application approved Oct. 22, 2014
Revised, June 1, 2015/lb*

**WELLFLEET TAXATION AID FUND FOR ELDERLY AND DISABLED
FISCAL YEAR 2016**

APPLICATION GUIDELINES

This fund was established to provide taxation assistance for elderly and 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.

The eligibility criteria for assistance from this fund are as follows:

- **Applicant must own and occupy the real estate in Wellfleet as his or her domicile.** An applicant must be the titled owner of the property or hold a life estate in the property. 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.

“Domicile” is defined as living at this address in Wellfleet for at least 6 months during the calendar year. Applicant must also have resided in the Town and held title to the taxed property a full calendar year prior to application deadline.

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

“Elderly” is defined as a homeowner who is at least 60 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.

- **Total yearly gross income of applicant(s), including Social Security, must be less than \$35,000 if single, or less than \$49,000 if married.**

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APPLICATION PROCESS

- Application forms will be available at Wellfleet Town Hall, Wellfleet Public Library, Wellfleet Council on Aging, and on the Town of Wellfleet website:
www.wellfleet-ma.gov
- Applications for Fiscal Year 2016 must be delivered or postmarked no later than **May 29, 2015 by 4:00 PM** and must be accompanied, if filed, by a copy of your entire current Federal Income Tax return and any supporting documents indicating disability benefit receipts.
- **Return completed Application, copy of tax return and supporting documents, and a copy of current driver's license or photo ID to:**
Town Treasurer, Wellfleet Town Hall, 300 Main Street, Wellfleet, MA 02667.
- We suggest you first avail yourself of the exemptions offered by the Wellfleet Board of Assessors. These include exemptions for Veterans, Elderly, Blind and Widowed Spouse or Children (for complete list and detailed information contact the Board of Assessors). A homeowner is **NOT** eligible for the Wellfleet Elderly and Disabled Tax fund if they are eligible for a Clause 41A Property Tax Deferral. Under no circumstances will the total exemptions combined with the taxation aid assistance exceed the total of your current tax bill.
- All information supplied to the Committee will be held in the strictest of confidence and not be open for public inspection.
- In reviewing eligible applications, consideration will also be given to an applicant's overall financial situation as determined by value of other assets, personal property owned, living expenses and unusual financial hardship.
- If awarded, taxation aid assistance will be awarded on an annual basis, for one tax year.

DISTRIBUTION OF FUNDS

- Funds will be disbursed on a needs basis, as determined by the Committee's application of the eligibility guidelines. Since the fund is replenished annually through voluntary contributions, no set dollar amount can be established for any particular year. Taxation aid assistance will be applied to the Fiscal Year 2016 tax bill. If awarded, the applicant will be notified by mail.

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APPLICATION – PLEASE PRINT CLEARLY

1. Name _____ DOB _____

Marital Status _____

Spouse _____ DOB _____

Total number of persons living in home ____ Children under 18 ____ Adults 18+ ____

2. Name on tax bill (if different from Applicant) _____

Mailing Address _____

Phone home: _____ Phone cell(s): _____

3. Address of Property _____ Years owned ____

Parcel ID (from tax bill) _____ Assessed value (from tax bill) \$ _____

Amount paid toward 2015 tax bill \$ _____ Amount due \$ _____

4. Is this your Primary Domicile? Yes ____ / No ____
(living in Wellfleet at this address for at least 6 months during the calendar year)

If moved to this address within the past 12 months: Year ____ Month ____

5. If property is in Trust, list all Trustee(s):

6. Are you registered to vote? Yes ____ / No ____ If yes, town/state: _____

7. Have you applied for, or are you receiving, any other exemptions, abatements or assistance?
If so, please check below and list type and amount:

Senior \$ _____ Veteran \$ _____ Blind \$ _____ Widowed Spouse \$ _____

Disabled Child \$ _____ Other \$ _____

8. Nature of Applicant's disability (if applicable) _____

9. Are there any unusual or extraordinary circumstances affecting your financial situation that you wish to have considered with this application? Yes ____ If yes, please explain on page 5.

10. TOTAL GROSS INCOME (from page 4) \$ _____

11. TOTAL ESTIMATED ASSETS (from page 4) \$ _____

12. TOTAL EST. VALUE PERSONAL PROPERTY (from page 5) \$ _____

**WELLFLEET TAXATION AID FUND FOR ELDERLY AND DISABLED
FISCAL YEAR 2016**

GROSS INCOME FROM	ANNUAL	SOURCE / COMMENTS
Wages, salary or business revenue:	\$ _____	_____
Social Security:	\$ _____	_____
Retirement Pensions: (Federal, 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	\$ _____	Also enter on page 3, line 10

ESTIMATED ASSETS	TOTAL AMOUNTS / VALUES	
Other Real Estate Currently Owned:	\$ _____	
Address _____	State _____	Country _____
Address _____	State _____	Country _____
Savings, Checking, Money Market Funds:	\$ _____	
CDs, Annuities, IRAs/401Ks:	\$ _____	
Stocks, Bonds:	\$ _____	
Mutual Funds:	\$ _____	
Other investments (please specify):	\$ _____	_____
	\$ _____	_____
TOTAL ESTIMATED ASSETS	\$ _____	Also enter on page 3, line 11

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PERSONAL PROPERTY OWNED	ESTIMATED VALUES	
Vehicles, Boats – year, make, model	\$ _____	_____
	\$ _____	_____
Jewelry, Art, Antiques, Collections	\$ _____	
Other personal possessions of value	\$ _____	
TOTAL ESTIMATED VALUE	\$ <u>_____</u>	Also enter on page 3, line 12

UNUSUAL CIRCUMSTANCES OR ADDITIONAL COMMENTS:

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 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 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. **Please attach all supporting documents.**

PRINT NAME _____

SIGNATURE _____ **DATE** _____

IF LEGAL REPRESENTATIVE / NAME _____

SIGNATURE _____ **DATE** _____

Signed and submitted under the pains and penalties of perjury.

For Taxation Aid Committee Use Only / Final Action – No Appeal

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

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APPLICATION CHECKLIST

- Applicant meets all criteria on Page 1.
- All items on application are complete.
If not, reason for incomplete information noted.
- Copy of current Driver's License or Photo ID attached.
- Copy of most recent Federal Income Tax Return attached.
- Unusual circumstances or additional comments noted, if applicable.
- Application signed and dated.
- Copy of application made for Applicant (recommended).
- Application and supporting documents submitted to Town Treasurer's office by deadline: **Friday, May 29, 2015 at 4:00 PM.**

*If all items are not completed, your application will
not be reviewed and no assistance will be awarded.*

*If you need help completing your application,
please contact the Senior Center at:
349-2800 or 349-0313.*

Thank you.