

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



**APPLICATION AND GUIDELINES FOR  
REAL ESTATE TAX AID -- FISCAL YEAR 2024**

**Deadline to submit application is:**

**FRIDAY, JULY 28, 2023 by 4:00 PM**

**Last business day of July**

**Return by mail or in person to:  
Office of Town Treasurer  
Wellfleet Town Hall  
300 Main Street, Wellfleet MA 02667**

**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 2, 2023*

**WELLFLEET TAXATION AID FUND FOR ELDERLY AND DISABLED  
FISCAL YEAR 2024**

**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:**  
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 **\$42,000 if single, or less than \$55,000 if married.**
- **JOINT OWNERSHIP** – If there is more than one Owner listed on the Deed, **ALL** Owners share responsibility for making sure taxes are paid. Only if **ALL** Owners qualify as low income, with **combined** income of \$55,000 or less, then **ALL** owners must submit their financial qualifications as listed on Page 4 and attach to this application in order to be considered for Taxation Aid.
- **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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FISCAL YEAR 2024**

**APPLICATION PROCESS**

- **APPLICATION FORMS** are available **May through July** at Wellfleet Town Hall, Public Library, Council on Aging, and on the Town website [www.wellfleet-ma.gov](http://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. Emergency-only applications can be submitted at any time, and will be reviewed at the next meeting of the Taxation Aid Committee.
- **OTHER TAX EXEMPTIONS:**  
*Applicant is required to apply for all other qualifying exemption options listed below **FIRST** before applying to the Taxation Aid Program.*  
Under no circumstances will the total exemptions combined with taxation aid exceed the total amount of your current tax bill.  
Town of Wellfleet offers a **Residential Tax Exemption** for those who apply and qualify. In addition, Wellfleet Board of Assessors offers the following exemptions:  
**Senior / Widowed Spouse / Disabled Veteran / Blind / Discretionary Hardship / Tax Deferral**  
For qualifying information, contact the Board of Assessors through Town Hall.
- **TAX DEFERRAL:** A homeowner is **NOT** eligible for the Wellfleet Taxation Aid Fund if in a Clause 41A Wellfleet Property Tax Deferral.
- **RETURN WITH COPIES OF THE FOLLOWING SUPPORTING DOCUMENTS:**
  - \_\_\_ Completed Application Form (assistance available through the Adult Community Center)
  - \_\_\_ Driver's License (or) Photo ID with current address
  - \_\_\_ Federal Income Tax Return 1040 page 1
    - \_\_\_ If Applicant has business income, please also attach Schedule C or K1
  - \_\_\_ Cover page of Property Deed (or) Life Estate Trust (or) Real Estate Trust (current)
  - \_\_\_ Disability Benefits documentation (if disabled)
  - \_\_\_ Checklist Page 4

**Please make a copy of your Application to retain for your records, including documentation, before submitting original paperwork to Town.**
- **MAIL OR DELIVER TO:**  
Town Treasurer, Wellfleet Town Hall, 300 Main Street, Wellfleet MA 02667 by the deadline date and time on the front cover. If housebound, contact Wellfleet Adult Community Center.
- **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, half the amount will be applied to the fall tax bill and balance in spring. Town applies any awards to past due and interest first before current tax bill.

**WELLFLEET TAXATION AID FUND FOR ELDERLY AND DISABLED  
FISCAL YEAR 2024**

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

**CHECKLIST: MARK AND ATTACH THIS PAGE TO YOUR APPLICATION**

- You must have applied for all other exemptions offered by the Town for which you qualify:
  - Residential Exemption
  - Elderly Low Income
  - Widowed Spouse
  - Disabled Veteran
  - Blind
  - Discretionary Hardship, determined by Board of Assessors
  - Tax Deferral Clause 41A “Wellfleet Property Tax Deferral”
- Do you meet all eligibility criteria listed on Guidelines page 1 of this application form?
- Are there unusual circumstances or additional comments? Note on page 5.
- Are all items on application complete? If not, note on Certification page 7.

**ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION:**

- Copy of current Driver’s License (or) Photo ID, showing your current residency address.
- Copy of current Federal Income Tax Return front page(s), showing income.
- If you own a business, also attach copy of Schedule C or K1.
- If you do not file a Federal Income Tax Return, explain on Certification page 7, and attach another proof of income, such as State Tax Return.
- Copy of cover page of Property Deed (or) Beneficiary Page of Trust, showing that you are the primary owner/beneficiary.
- If disabled, attach documentation (doctor’s note or disability benefits)
- If more than one Owner is listed on property deed, **ALL** Owners must have **combined** income of \$55,000 or less and submit their financial information with this application in order to qualify for consideration of Taxation Aid.

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

- Initial, sign and date Certification page 7 of this Application form.
- Make a copy of your application and documentation before submitting to Town Hall.
- Submit pages 4, 5, 6 and 7 to Town Hall by deadline date and time shown on front cover.

**WELLFLEET TAXATION AID FUND FOR ELDERLY AND DISABLED  
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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: \_\_\_\_\_ 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. IF DIFFERENT FROM APPLICANT ABOVE, NAME & ADDRESS ON TAX BILL**

\_\_\_\_\_

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

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

Is this your primary residence 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?  Yes  No

If yes, enter \$ amount 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. OTHER EXEMPTIONS ON YOUR WELLFLEET REAL ESTATE TAX BILL?**

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

If yes, list \$ amounts and year:

Residential	\$ _____ / _____	Elderly Low Income	\$ _____ / _____
Blind	\$ _____ / _____	Disabled Veteran	\$ _____ / _____
Hardship	\$ _____ / _____	Widowed Spouse	\$ _____ / _____
Other	\$ _____ / _____	Tax Work-Off Program	\$ _____ / _____

**6. IF DISABILITY?**  Temporary or  Permanent

*Attach doctor's note or disability benefits documentation*

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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<b>MORTGAGE PAYMENTS ?</b>	\$ _____	<b>TOTAL ANNUAL AMOUNT</b>
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<b>GROSS ANNUAL INCOME FROM:</b>	<b>ANNUAL AMOUNT</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 in trust)	\$ _____	
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	\$ _____	_____
<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, the 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.

If applicable:

I \_\_\_\_\_ (**initials**) do not file a Federal Income Tax Return with the IRS.

Please explain: \_\_\_\_\_

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

**SIGNATURE OF APPLICANT** \_\_\_\_\_

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

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

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

**If legal representative, Name:** \_\_\_\_\_

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

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

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

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

*Please refer to checklist and attach copies of all supporting documents.*

*Signed and submitted under the penalties of perjury.*