

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



**APPLICATION AND GUIDELINES FOR
REAL ESTATE TAX AID -- FISCAL YEAR **2025****

Deadline to submit application is:

WEDNESDAY, JULY 31, 2024 by 4:00 PM

Last business day of July

Return by mail or in person to:

Office of Town Treasurer

Town Hall

300 Main Street, Wellfleet MA 02667

Phone: 508-349-0346

Office Hours: Monday-Friday: 8:00 am - 12:00 noon and 1:00 pm - 4:00 pm

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

Application updated April 2024

**WELLFLEET TAXATION AID FUND FOR ELDERLY AND DISABLED
FISCAL YEAR 2025**

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.

PRIVACY: ALL INFORMATION SUPPLIED TO THE COMMITTEE WILL BE HELD IN THE STRICTEST OF CONFIDENCE AND IS NOT OPEN FOR PUBLIC INSPECTION.

ELIGIBILITY 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 / Workmans 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.

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

*** TITLE ON DEED: In addition, the Applicant must be listed as either:**

Owner on the Property Deed for the current year,
or Primary Beneficiary on a Life Estate Trust of the property,
or Primary Trustee on a Real Estate Trust of the property.

*** GROSS INCOME: Total yearly gross income of Applicant(s), including Social Security, must be less than \$45,392 if single, or less than \$59,359 if married or joint owners.**

*** 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 **\$59,359 or less**, then **EACH** owner must submit their own financial Income and Assets as listed on Page 5 and attach to this application in order to be considered for Taxation Aid.

*** TAX DEFERRAL: A homeowner is **NOT** eligible for Taxation Aid if in a Clause 41A Wellfleet Property Tax Deferral.**

**WELLFLEET TAXATION AID FUND FOR ELDERLY AND DISABLED
FISCAL YEAR 2025**

APPLICATION PROCESS

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

APPLICATION FORMS are available May through July at Wellfleet Town Hall, Public Library, Adult Community Center (COA), and on the Town website www.wellfleet-ma.gov

DEADLINE: Applications must be delivered or postmarked to the **Town Treasurer's office** on or before the date on the cover, and must be accompanied by copies of ALL supporting documents. If application is received incomplete, the applicant may be contacted. Emergency-only applications can be submitted at any time, and will be reviewed at the next meeting of the Taxation Aid Committee.

DISTRIBUTION OF FUNDS

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 the balance to the spring bill. Town applies any awards to past due and interest first before current tax bill.

ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION:

- Copy of cover page of Property Deed (or) Beneficiary Page of Trust, showing that you are the primary owner/beneficiary.
- 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, please explain on Certification page 6, and attach other proof of income such as State Tax Return, Social Security letter, 1099 and/or W2.
- If disabled, attach documentation such as doctor's note or copy of disability benefits.
- If more than one Owner is listed on property deed, **ALL** Owners must have **combined** income of **\$59,359** or less, and submit their financial information with this application in order for the Applicant to qualify for consideration of Taxation Aid.

COMPLETE AND RETURN TO TOWN TREASURER'S OFFICE:

- Initial, sign and date Certification page 6 of this application form.
- Make a copy of your application and documentation for yourself before submitting to the Town Treasurer's office, in case further clarification is requested.
- Submit pages 4, 5, and 6 with copies of all documentation to the Town Treasurer's office no later than the 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 - 6

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: _____ Age ____ / Spouse's Date of Birth: _____ Age ____

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 5 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?

You must have applied for all other exemptions offered by the Town for which you qualify.

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. DISABILITY? Temporary or Permanent

If yes, list nature of Applicant's disability: _____

Attach doctor's note or copy of disability benefits documentation.

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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GROSS ANNUAL INCOME FROM:	ANNUAL AMOUNT	<u>ATTACH COPIES OF:</u>
Wages or Salary	\$ _____	Tax Return, or W2, or 1099
Business Net Income <i>Calculate adjusted gross income less expenses as reflected on tax return.</i>	\$ _____	Schedule C or K1_
Social Security	\$ _____	SSA 1099
Retirement Pensions	\$ _____	1099, or appropriate form
Workers Compensation, Unemployment:	\$ _____	1099
Disability, Supplemental SSI	\$ _____	1099
Interest and Dividends	\$ _____	Schedule B
Rental Income	\$ _____	Schedule E
IRAs, 401Ks, Trusts, Annuities	\$ _____	1099
Other income (please specify)	\$ _____	_____
TOTAL ANNUAL GROSS INCOME	\$ _____	

ESTIMATED ASSETS:	TOTAL AMOUNT VALUE / <u>ATTACH COPIES</u>	
Other Real Estate (owned or in trust) Address, State, Country _____	\$ _____	Tax bill
Checking, Savings, Money Market Funds	\$ _____	Bank statement(s)
CDs, Annuities, IRAs, 401Ks	\$ _____	Bank statement(s)
Stocks, Bonds, Mutual Funds	\$ _____	Bank statement(s)
Other investments (please specify):	\$ _____	Bank statement(s)
Vehicles, Boats (value) <i>Used for your job?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	Value as shown on Excise bill
	\$ _____	_____
TOTAL ESTIMATED ASSETS	\$ _____	
Reverse Mortgage Value For informational purposes only:	\$ _____	

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CERTIFICATION BY APPLICANT AND/OR LEGAL REPRESENTATIVE

Signed and submitted under the penalties of perjury.

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 Applicant does not file a Federal Income Tax Return with the IRS:

I _____ (**initials**) do not file a Federal Income Tax Return.

Please explain: _____

DATE _____

APPLICANT'S SIGNATURE _____

PRINT NAME _____

PHONE _____ **EMAIL** _____

IF LEGAL REPRESENTATIVE:

Name _____

Relationship _____

Signature _____ **Date** _____

Mailing Address _____

Phone _____ **Email** _____

Attach pages 4, 5, 6 of this application form and attach copies of all supporting documents.

MAIL OR DELIVER TO:

Town Treasurer's Office, Wellfleet Town Hall,
300 Main Street, Wellfleet MA 02667

No later than the deadline date and time on the front cover.