

CITY OF FRAMINGHAM

FISCAL YEAR 2022

FINANCIAL HARDSHIP: ELDERLY AND/OR DISABLED

Massachusetts General Law Chapter 60 3D

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

(See General Laws Chapter 59, Sec. 60.)

This application must be filed with the ELDERLY AND DISABLED TAXATION FUND COMMITTEE between **January 1st and March 4th** of the fiscal year for which you are requesting assistance.

ALL sections must be completed (use N/A if a something does not apply). Please print legibly and provide all requested supporting documentation as required.

1. NAME/CONTACT INFORMATION:

APPLICANT 1 _____ APPLICANT 2 _____

RELATIONSHIP OF APPLICANT 2 TO APPLICANT 1: _____

PHONE: _____ EMAIL: _____

2. # IN HOUSEHOLD (anyone living with you):

ADULTS (include self and spouse): _____ AGE(S): _____ # of minors: _____ AGE(S): _____

RELATIONSHIP OF ADULTS AND MINORS LIVING IN HOUSEHOLD: _____

3. LEGAL DOMICILE (RESIDENCE):

APPLICANT 1: _____ Telephone# _____

APPLICANT 2: _____ Telephone# _____

MAILING ADDRESS, if different from above: _____

LOCATION OF PROPERTY: _____ # OF UNITS _____

HAVE YOU BEEN GRANTED TAX DEFERRAL? Yes No

If yes, you are not eligible for assistance from this program.

4. STATUS: (please check all that apply to you)

Elderly (60 years and older) BIRTHDATE: _____

Disabled: If checked, please answer the following questions:

What type of Disability benefits do you receive? Social Security Employer None

Other: _____

5. EMPLOYMENT:

What is your current employment status?

APPLICANT 1: Employed Retired Disabled Unemployed

If employed, who is your current employer? _____ Date of employment _____

If unemployed, what is the date of last employment? _____ Occupation _____

APPLICANT 2: Employed Retired Disabled Unemployed

If employed, who is your current employer? _____ Date of employment _____

If unemployed, what is the date of last employment? _____ Occupation _____

6. RENTALS

Do you own rental properties: Yes No

Rental Property Address(es): _____

Monthly Rental Income: _____

Do you own a second home in another city/state?: Yes No

If yes, where? _____

Value of second home: _____

7. FINANCIAL STATEMENT

PLEASE COMPLETE THIS SECTION CAREFULLY AND COMPLETELY.
ATTACH COPIES OF BANK STATEMENTS, ETC. TO VERIFY ALL ACCOUNT BALANCES/ SOCIAL SECURITY RETIREMENT OR OTHER INCOME.

Do you have a trust fund? Yes No If yes, current balance? \$ _____

ASSETS:

LIABILITIES:

INVESTMENTS:

EXPENSES:

1. BANK\BROKERAGE ACCOUNTS:

1. MORTGAGES including Equity Loans:

BANK\BROKERAGE	AMOUNT:
_____	\$ _____
_____	\$ _____
_____	\$ _____

BANK:	AMOUNT:	PAYMENT:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

2. STOCKS\BONDS\OTHER:

BANK\BROKERAGE \TYPE AMOUNT:
_____\$_____
_____\$_____
_____\$_____

2. LOANS:

BANK: AMOUNT: PAYMENT:
_____\$_____ \$_____
_____\$_____ \$_____
_____\$_____ \$_____

3. INCOME (LIST ALL):

TYPE: MONTHLY AMOUNT:
SOCIAL SECURITY: \$_____
PENSIONS: \$_____
OTHER \$_____
INVESTMENT INCOME: \$_____
ANNUITIES: \$_____
Cash Value of Annuities \$_____

(Copies of current statements for all income sources and investment accounts MUST accompany the application.)

3. EXPENSES (LIST ALL):

TYPE: BALANCE: MO. PAYMENT:
CREDIT CARDS: \$_____ \$_____
UTILITIES: \$_____ \$_____
INSURANCES: \$_____ \$_____
FOOD/CLOTHING/BASICS: \$_____
GASOLINE: \$_____ \$_____
HEATING OIL: \$_____ \$_____
MEDICAL: \$_____ \$_____
OTHER: \$_____ \$_____

8. ADDITIONAL EXPLANATION (optional): Use this space to provide information you would like the Committee to consider when reviewing your application. You may add a separate page if needed.

9. SIGNATURE.

By signing below, I certify that this application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that, to the best of my knowledge and belief, this application and all accompanying documents and statements are true, correct, and complete, and I have not omitted any income or assets.

Applicant 1 (PRINT NAME & SIGN) DATE: _____

Applicant 2 (PRINT NAME & SIGN) DATE: _____

Did someone help you with this application? If so, please have them complete this section:

PRINT NAME & SIGN DATE: _____

Phone: _____ **Email:** _____

SUBMITTAL DEADLINE: March 4th, 5:00 pm, Treasurer's Office

Applications received after the deadline cannot be considered for assistance.

CHECKLIST FOR SUBMISSION (SKIP AN ITEM IF IT DOES NOT APPLY TO YOU):

- All sections of the application are complete and legible
- All parties have signed the application
- Proof of age (copy of current Driver's License or Military ID)

Most recent copies of the following items are included, if relevant:

- Bank/brokerage statements**
- Social Security award letter**
- Mortgage statement(s)** for all properties
- Annuity/pension statement(s)**
- Tax returns** for investments
- Paystub(s)** for all jobs held
- Social Security Disability letter or doctor's letter**

NOTICES

TAXATION FUND: You may be eligible to receive assistance in paying a portion of the taxes assessed on your domicile if you do not have the financial resources to pay them because you are: (1) OLDER and/or (2) suffer some physical or mental illness, disability, or impairment. Qualifications are established locally by the Elderly and Disabled Taxation Fund Committee.

WHO MAY FILE AN APPLICATION: You may submit an application if you own and occupy the domicile AND meet all qualifications set forth by the Committee.

PAYMENT OF TAX: Filing an application does not stay the collection of your taxes. Failure to pay the tax when due may also subject you to interest charges and/or collection action. To avoid any additional charges, you should pay the tax as assessed, if possible. If assistance is granted, and you have already paid the entire year's tax, you will receive a refund of the overpayment.

TAX FUND DISPOSITION: After applying for Committee assistance, you may be required to provide the Committee with further information and supporting documentation to establish your eligibility. You will be notified in writing whether an award has been granted or denied.

COMMITTEE SIGNATURES:

Carolyn Lyons, Treasurer/Collector	Approved _____ Denied _____
Elizabeth Fekete, Assessors Chairperson	Approved _____ Denied _____
Eric Finn, Committee Member	Approved _____ Denied _____
Heidi Bryce, Committee Member	Approved _____ Denied _____
Committee Member	Approved _____ Denied _____