

# CITY OF FRAMINGHAM

FISCAL YEAR 2024

## 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 1<sup>st</sup> and March 4<sup>th</sup>** 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.

_____	DATE: _____
<b>Applicant 1 (PRINT NAME &amp; SIGN)</b>	

_____	DATE: _____
<b>Applicant 2 (PRINT NAME &amp; SIGN)</b>	

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

_____	DATE: _____
<b>PRINT NAME &amp; SIGN</b>	

<b>Phone:</b> _____	<b>Email:</b> _____
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**SUBMITTAL DEADLINE: March 4<sup>th</sup>, 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:**

<b>Carolyn Lyons, Treasurer/Collector</b>	<b>Approved_____ Denied_____</b>
<b>Elizabeth Fekete, Assessors Chairperson</b>	<b>Approved_____ Denied_____</b>
<b>Eric Finn, Committee Member</b>	<b>Approved_____ Denied_____</b>
<b>Committee Member</b>	<b>Approved_____ Denied_____</b>
<b>Howard Schartz</b>	<b>Approved_____ Denied_____</b>