TOWN OF DUNSTABLE
ELDERLY AND/OR DISABLEDTAX RELIEF FUND APPLICATION
MASSACHUSETTS GENERAL LAW CHAPTER 60 SEC. 3D

Eligibility Requirements

You may apply for assistance if you meet each of the following qualifications:

- **Aged 65 or over** as of the date of the Application, **OR** are **Disabled**, and currently receiving benefits from a state or federal agency **and**
- **Dunstable resident** for 5 years or more, and **reside and hold title to** (or life estate) on the Dunstable property for which tax relief is sought, **and**
- **Meet the Low Income requirement** ("low income"):For purposes of determining whether Seniors and/or Disabled residents are "low income," reference will be made to the then-current Community Preservation Act (CPA) table which may be found at www.communitypreservation.org/income-limits
    - Seniors will be evaluated using the Dunstable "moderate-income" figures
    - Non seniors will be evaluated using the Dunstable "low-income" figures.

Applicants must apply each year for which they seek assistance. All applications are confidential and reviewed within executive sessions. Tax aid grants are awarded yearly and applied directly to residents' property tax bills, based upon the applicant's eligibility as evaluated by the five-member committee, whose determination is final.

THIS APPLICATION MUST BE FILED WITH THE ELDERLY AND DISABLED TAX AID COMMITTEE NO LATER THAN FEBRUARY 2nd BY DROPPING IT OFF OR MAILING IT TO:

Town of Dunstable
Tax Aid Committee
511 Main Street
Dunstable, MA 01827

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SUPPORTING DOCUMENTATION IS REQUIRED:

1. If applying on basis of age: Birth Certificate
2. If applying on basis of disability: Evidence of your receipt of disability benefits
3. Title to Dunstable residence
4. Last filed tax return: IRS Form 1040 and/or MA Form 1

*The Committee reserves the right to request additional supporting documentation, in its sole discretion.

INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS. USE *NA* IF IT DOES NOT APPLY. PLEASE PRINT LEGIBLY OR TYPE. INCOMPLETE APPLICATIONS WILL BE RETURNED.

1. IDENTIFICATION:

NAME: TELEPHONE:

RESIDENTIAL ADDRESS:

NUMBER OF HOUSEHOLD MEMBERS (ANYONE LIVING WITH YOU):

2. RESIDENCY:

IS THIS YOUR PRIMARY RESIDENCE? YES ◯ NO ◯

DATE YOU PURCHASED THE RESIDENCE:

HOW DO YOU HOLD THE TITLE?

3. STATUS (please check all that apply to you.)

ELDERLY (65 years and older) ☐ BIRTHDATE:

DISABLED ☐
(if checked please answer the following questions)

What type of **Disability Benefits** do you receive?

SOCIAL SECURITY ☐ VETERANS ☐ OTHER ☐

Describe "Other"