

The Town of Tewksbury established a Special Taxation Fund to assist Low Income Elderly and Disabled Persons to help meet their property tax obligations. Massachusetts General Laws, Chapter 60, Section 3D.

59  
SENIORS ~~62~~ AND OLDER

2010  
FY ~~2003~~ APPLICATION FOR LOW INCOME ELDERLY AND DISABLED

Must be filed with the Assessor's Office

On or before July 15, 2003

Town of Tewksbury

11 Town Hall Avenue

Tewksbury, MA 01876

INSTRUCTIONS: Complete all sections fully. (Please print or type).

A. IDENTIFICATION

Name of Applicant \_\_\_\_\_ Marital Status \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Location of Property: \_\_\_\_\_ Number of Dwelling Units: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Do you own the property? \_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes, are you

\_\_\_\_\_ Sole Owner \_\_\_\_\_ Co-Owner w Spouse \_\_\_\_\_ Co-Owner w Others

Was property subject to a Trust? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been granted any exemption in any other city or town for this year? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, name of city or town \_\_\_\_\_ Amount exempted \$ \_\_\_\_\_

B. EXEMPTION STATUS

Date of Birth: \_\_\_\_\_ (I first year, attaché a copy of birth certificate)

Have you owned and occupied the property as your domicile in Tewksbury for at least 10 Years? \_\_\_\_\_

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR

Copies of your Federal and State Income Tax Returns may be requested to verify you income.

	Applicant and Spouse	Co-Owner(s) and Spouse(s)
Retirement Benefits (SS, Railroad, Federal, State & Political)	_____	_____
Other Pensions and Retirement Allowances	_____	_____
Wages, Salaries and other Compensation	_____	_____
Net Profits from Business or Profession	_____	_____
Interest and Dividends	_____	_____
Other (Rent, Capital Gains, Etc)	_____	_____
TOTALS:	_____	_____

D. VALUE OF ALL PROPERTY OWNED ON JULY 1, this year.

Documentation may be requested to verify your assets.

REAL ESTATE:	Assessed Valuation	Amount Due on Mortgage	Value
Domicile:	_____	_____	_____
Other:	_____	_____	_____

PERSONAL ESTATE:

Bank Accounts: Name and Address	Account Numbers	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stocks, Bonds, Securities, etc: Description	Amount	Value
_____	_____	_____
_____	_____	_____

Motor Vehicles and Trailers	Year	Make	Model	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Non-Exempt Personal property	Description	Value
_____	_____	_____

TOTAL VALUE: \$ \_\_\_\_\_

E. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Under pains and perjury, I declare that to the best of my knowledge, all statements and documents are true.

ACTION: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Committee: \_\_\_\_\_  
 \_\_\_\_\_