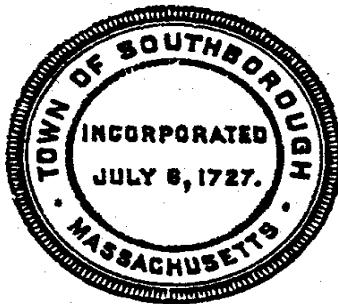


# **TOWN OF SOUTHBOROUGH**

## **Taxation Aid Application**



The Southborough Taxation Aid Fund was created in accordance with General Law, Chapter 60, Section 3D, which allows the Town to defray the real estate taxes of low income elderly and disabled persons. The fund was authorized by a vote during the 10/21/2002 Town Meeting.

***If you are experiencing hardship, you are not alone;  
the Town of Southborough may be able to help.***

**Application is open during the month of February annually.**

Date Application Received: \_\_\_\_\_

In order to be eligible for this tax relief:

- a You must own and currently occupy your residence in Southborough for 5 or more consecutive years;
- b You or your spouse must be minimum 65 years of age;  
OR you have a "state-recognized disability."
- c Income cannot exceed \$30,000 per individual; \$60,000 for total household per year.

Complete all sections that apply (Please print or type legibly)

All information will be held in strict confidence by the Committee except for Audit purposes.

Awards will be made up to the maximum amount of **\$2,500** - eligibility is one award per fiscal year.  
Granted awards will be credited directly to the real estate tax account.

## A. IDENTIFICATION.

Name of Applicant:	_____	Last	_____	First	_____	M.I.	
Filing as:	Elderly <input type="checkbox"/>	Disabled <input type="checkbox"/>	(Please submit documentation of disability)				
Marital Status:	_____	# of Dependents:	_____				
Age of Applicant:	_____	Phone Number:	_____				
Legal Residence:	_____						
Mailing Address:	_____						
How long have you lived at your address?	_____						

## B. BASIS OF AID REQUEST.

Estimated Combined Income From All Sources For Current Calendar Year: \$ \_\_\_\_\_

Kindly Provide a Short Description of the Reason for Trust Fund Assistance:

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**Attachment Needed:**

- Copy of Last Income Tax Filing

**D. SIGNATURE**

This application has been prepared or examined by me. Under the pains and penalty of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

Signature

Date

**Please return applications to:**

Treasurer  
17 Common Street  
Southborough, MA 01772

**NOTE:** All information subject to verification.

The Committee reserve it's right to determine unusual cases and if documented and by unanimous vote may allow for applications outside the stated limits.

**Disposition of Application  
(Committee Use only)**

GRANTED

DENIED

Date Voted:

\_\_\_\_\_

FOR:

\_\_\_\_\_

AGAINST:

\_\_\_\_\_

COMMITTEE MEMBERS:

Elizabeth Kesselman, Chair

Hal Kiess

Mary Ann Anderson

Jeff Klein

Brian Ballantine