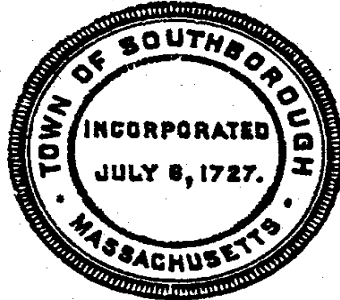


TOWN OF SOUTHBOROUGH

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: _____

APP # _____

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 for the November tax due.

Applicant must be the owner of the property at distribution.

A. IDENTIFICATION.

Name of Applicant: _____
Last First M.I.

Filing as: Disabled _____ Senior _____ Veteran _____ (Please submit documentation if 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: \$ _____

Please present specific reasons for Trust Fund Assistance. More information will allow us to make a better determination of your application.

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:

Jeff Klein, Chair

Hal Kiess

Mary Ann Anderson

Kelly O'Brien

Brian Ballantine