



Elderly and Disabled Taxation Aid Fund Application
Fiscal Year 2025

CONFIDENTIAL

Owner(s) of Record _____ Date of Birth _____ Disabled

_____ Date of Birth _____ Disabled

Phone # _____ Email _____

Someone from the Committee may contact you if there are any questions.

Other adult residents in household, if any:

_____ Age _____ Relationship _____

_____ Age _____ Relationship _____

Comments _____

Property Address _____ Year bought _____

Financial Resources

<u>Assets</u>	<u>Amount</u>	<u>Comments</u>
Savings Accounts	\$ _____	_____
CDs	\$ _____	_____
IRAs	\$ _____	_____
Stocks, Bonds, Mutual Funds	\$ _____	_____
Other Real Estate	\$ _____	_____
Other Assets, <i>please specify</i>	\$ _____	_____
Total Assets	\$ _____	_____

Financial Resources (continued)

Income

Monthly

Annual

Wages or Salary	\$ _____	\$ _____
Business Income	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____
Retirement Fund Distributions	\$ _____	\$ _____
Fuel Assistance	\$ _____	\$ _____
Clause 17D or 41C (circle which)	\$ _____	\$ _____
Tax Deferral	\$ _____	\$ _____
Senior Tax Workoff Program	\$ _____	\$ _____
Circuit Breaker Credit	\$ _____	\$ _____
Veteran's Exemption	\$ _____	\$ _____
Blind Exemption	\$ _____	\$ _____
Other Assistance (eg. Family)	\$ _____	\$ _____
Other Income (Rental)	\$ _____	\$ _____
Total Annual Income		\$ _____

Expenses

Monthly

Annual

Property Taxes	\$ _____	\$ _____
Mortgage	\$ _____	\$ _____
Utilities (Heat, Power, Phone)	\$ _____	\$ _____
Home and Car Insurance	\$ _____	\$ _____
Medical Insurance	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____
Other, please specify	\$ _____	\$ _____
Total Annual Expenses		\$ _____

Signature(s) _____ Date _____

_____ Date _____

Please attach a copy of your Federal or State income tax forms, and any additional information you would like the Committee to consider.