Barnstable Elderly & Disabled Taxation Aid Committee
C/O Town Treasurer's Office
367 Main Street
Hyannis, MA 02601
Ph: (508) 862-4653
Fax: (508) 862-4779
Email: obriens@town.barnstable.ma.us

Bill Garreffi Chairperson
William Murdoch Committee Member

Sean O'Brien Treasurer/Collector
508-862-4661

Barnstable Elderly & Disabled Taxation Aid Fund

Background

The Barnstable Town Council has accepted Massachusetts General Law, Chapter 60, Section 3D which allows the Town to establish a fund to defray the real estate taxes of low income elderly and disabled persons. Taxpayers contribute to the fund through a voluntary check off on their real estate tax bills. The funds collected are distributed to needy individuals through an annual award process. To be considered for this annual award, potential recipients need to meet the following eligibility requirements and complete and submit the attached application form.

Eligibility

- **65 years or older** on July 01, 2026

OR

- **Disabled-** Applicant must be receiving benefits from a State or Federal recognized disability entity. (ex.: Social Security Administration, Veterans Administration)

- **Total gross household** income shall not exceed **$35,000.00 single,** or **$40,000 married. Other assets must be less than $40,000**. Other Assets are the value of personal property and other real estate excluding domicile. This includes cars, boats, savings and checking accounts.

Gross household income is income earned in the calendar year ending 12/31/2025 and should include all income received from all sources by the applicant <u>as well as any additional residents in the household</u>. Please be advised that we refer to the official Town Census Listing to confirm household residents.

- Applicant(s) must be the titled owner of the property or hold a life estate in the property on July 01, 2026. If Title is held by a Trust, **the applicant must be both a trustee and at least a 50% beneficiary of the trust in order to qualify**. **The property must be the applicant's primary residence.**

- Please provide proof of income by attaching copies of all the following that apply:

  Social Security Benefits Award letter
  Bank/Investment Account Statements
  IRS Form W-2
  IRS Form 1099
  Pay Stubs
  IRS Form 1040

<u>Timeline</u>

Applications will be accepted through **November 30, 2026**. Awards will be applied directly to the applicant's residential tax bill.

Applications should be sent to:

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FY 2027 APPLICATION

Date Received:			Parcel Identifier:
Street address:		Home phone: ( )	
P.O. Box:	City:	State:	ZIP Code:

APPLICANT INFORMATION

Last name: First: Middle:		Age:	Disabled: (check one) ☐ Yes ☐ No
Is this your Permanent Residence? ☐ Yes ☐ No	Marital Status:	Birth date:	Sex: ☐ M ☐ F
Have you received an Elderly and Disabled award in previous years? ☐ Yes ☐ No	# Of Individuals in Household? — Years at this Address?	Do You Own the Property? ☐ Yes ☐ No If yes- are you? ☐ Sole Owner ☐ Co-Owner with Spouse ☐ Co-Owner with Other ☐ Life Estate ☐ Trust	

Have you applied for or received any aid/exemptions/deferrals from your tax bill? (check one)

☐ Yes ☐ No

If yes, please indicate by checking all that apply:

☐ Widowed ☐ Over 70 ☐ Blind ☐ Veteran ☐ Disabled ☐ Tax Work-off
(Contact the Human Resources Department for further information)

☐ Residential ☐ Other (please specify).....

How did you hear about this program (please check one box):

☐ Family/Friend ☐ Town Website ☐ Town Department ☐ Channel 18 ☐ Other (please specify).....

HOUSEHOLD INFORMATION

Complete the following for all who reside at this address: **This information is confirmed with the Official Town Census Listing**

Name	Relationship	DOB

INCOME		
Please list all income stated in **ANNUAL** terms. Include income received during the preceding calendar year.		
Income Type	**Applicant**	**Spouse/Other Household Members**
Retirement Benefits (Social Security, Federal, MA and Political Subdivisions)		
Other Pension Benefits and Retirement Allowances (including Veteran's Benefits)		
Wage, salaries and other compensation		
Profits from business or profession		
Supplemental SSI		
Workers Compensation, Unemployment Benefit		
Interest and Dividends		
Other Income (Rent, IRA's, Alimony, Child Support, Trust Income, Annuities, etc.)		
Other (Please specify) Eg: financial assistance from family members……		
TOTAL INCOME	$	$

EXPENSES	
Please list all expenses stated in **ANNUAL** terms. (Copies of most recent household bills may be requested)	
Mortgage Payments on Residence	
Mortgage Payments on other property	
Equity or other Real Estate Loan payments	
Household electricity/gas/oil payments	
Water / Sewer bill	
Real Estate Tax payment	
Phone/Cable Television bill	
Food	
Clothing	
Car Loans	
Personal Loan Payments	
Entertainment	
Medical Bills (including prescription drugs)	
Insurance : Medical /House / Auto / Life	
Other payments not previously identified. Please itemize:	
TOTAL EXPENSES	$

ASSETS		
Please list the value of your assets as of **July 1 of this year.**		
Personal Estate **Bank Accounts**	**Type (Checking/Savings)**	**Amount**
Name of Bank		
Name of Bank		
Name of Bank		
Investments	**Type (Stocks, bonds etc.)**	**Value**
Name of Institution		
Name of Institution		
Name of Institution		
Other	**Description**	**Value**
Total Assets		

LIABILITIES		
Please list the value of your liabilities as of **July 1 of this year.**		
Real Estate	**Amount due on mortgage**	**Assessed Value**
Domicile		
Other Property		
Motor Vehicles, Boats, Trailers	**Amount Due on Loans**	**Value**
Type		
Type		
Personal Loans / Credit Cards	**Amount Due on Loans**	
Type / Institution		
Type / Institution		
Type / Institution		
Other	**Amount Due**	
Total Liabilities		

SUPPORTING INFORMATION

Please document any unusual circumstances or additional comments that support your application. If disabled what is the nature of your disability:

CERTIFICATION

I certify that the information I have provided in this application (including supporting documentation) is complete and accurate. I understand that all information is subject to verification. I understand that if approved and the Town of Barnstable becomes aware of any fraudulent activity related to my application, my assistance will terminate and I will return all funds received to the Town of Barnstable within 120 days of notification of termination.

The amount an eligible applicant will receive is dependent upon determination of need by the Barnstable Elderly and Disabled Aid Committee, total funds available and number of eligible applicants.

I understand that this is assistance for one fiscal year only. To continue receiving assistance, I must submit a new application each subsequent year. I authorize the Town of Barnstable to obtain further information as necessary to complete the application process, verify accuracy of any information provided, or require additional information necessary to determine eligibility. All information received by the Town of Barnstable will be held in strict confidence.

Applicant Signature	Date

COMMITTEE USE ONLY

Date Received …….

Application Qualified ❑ Yes ❑ No ❑ Pending

Rating **A B C D**

Date Voted ……

Award Amount ……

Notice Sent ……