

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 Garreffo 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, 2024
- 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 12/31/2023 and should include all income received from all sources by the applicant as well as any additional residents in the household. 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, 2024. 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:

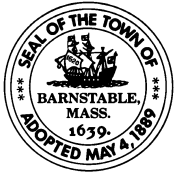
Social Security Benefits Award letter
Bank/Investment Account Statements
IRS Form W-2
IRS Form 1099
Pay Stubs
IRS Form 1040

Timeline

Applications will be accepted through **November 1, 2024**. Awards will be applied directly to the applicant's residential tax bill.

Applications should be sent to:

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FY 2025 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) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this your Permanent Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status:		Birth date:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Have you received an Elderly and Disabled award in previous years? <input type="checkbox"/> Yes <input type="checkbox"/> No		# Of Individuals in Household? —		Do You Own the Property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Years at this Address?		If yes- are you? <input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-Owner with Spouse <input type="checkbox"/> Co-Owner with Other <input type="checkbox"/> Life Estate <input type="checkbox"/> 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

INCOMEPlease 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	\$	\$

EXPENSESPlease 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	\$

SUPPORTING INFORMATION

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

Empty box for supporting information.

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