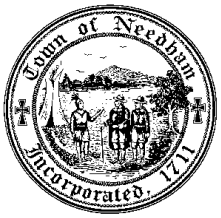

Town of Needham
Taxation Aid Committee / Property Tax Assistance Committee
c/o The Treasurer's and Assessor's Office
Needham Town Hall, 1471 Highland Avenue
Needham, MA 02492

ELDERLY AND DISABLED TAXATION FUND & PROPERTY TAX ASSISTANCE FUND APPLICATION – FY25

Applicant Guidelines

- You must be 60 years or older.

OR

- Have a state recognized disability.

AND

- You must meet income eligibility requirements.
- You must be a United States Citizen.
- You must provide your federal income tax return or confirm that you do not file a federal income tax return.

Program Guidelines

- You must pay your real estate tax bill even if you complete this application.
- Application is valid for one year. If seeking relief for another year, you must re-apply each year.

If you need further assistance with this form, please call the Needham Assessor's Office at (781) 455-7500 ext 508.

Date of Application: _____/_____/_____

Property Owner(s) Name(s): _____

Street Address: _____

How long have you resided at this address? _____

How long have you lived in Needham? _____

Home Phone: _____ Work / Cell: _____

ELDERLY AND DISABLED TAXATION FUND &
PROPERTY TAX ASSISTANCE FUND APPLICATION – FY25

Are you disabled? ☐ No ☐ Yes, SSDI number: _____

Have you ever applied for or received any exemption for your tax bill?

☐ No ☐ Yes, Please list when: _____

Please complete the following for all those who reside at this address.

Resident 1:

Name: _____ Date of Birth: ____/____/_____ Age: _____

☐ Retired ☐ Unemployed ☐ Employed - Employer: _____

Resident 2:

Name: _____ Date of Birth: ____/____/_____ Age: _____

☐ Retired ☐ Unemployed ☐ Employed - Employer: _____

Resident 3:

Name: _____ Date of Birth: ____/____/_____ Age: _____

☐ Retired ☐ Unemployed ☐ Employed - Employer: _____

Do you file a federal income tax return?

☐ No, I do not file a federal income tax return.

☐ Yes, I file a federal income tax return and have attached a complete copy of my income tax return filed for **2023**.

ELDERLY AND DISABLED TAXATION FUND &
PROPERTY TAX ASSISTANCE FUND APPLICATION – FY25

Please list all income for you, and all members of your household, 18 years and older. Check either yes or no. If yes please list the amount(s) and attach documentation to substanciate all income. If you file an income tax return, pease submit a complete copy of your 1040, 1040A or 1040EZ for calendar year **2023**. This will fulfill the documentation requirement for this section.

IRS 1099 Forms (Int, Div, Misc)	☐ No	☐ Yes	$_____
W2 Forms	☐ No	☐ Yes	$_____
Trust Income	☐ No	☐ Yes	$_____
General Relief	☐ No	☐ Yes	$_____
Social Security Income (SSI)	☐ No	☐ Yes	$_____
Unemployment	☐ No	☐ Yes	$_____
Pension	☐ No	☐ Yes	$_____
VA Benefits	☐ No	☐ Yes	$_____
Alimony/Child Support	☐ No	☐ Yes	$_____
Property Tax Work Off	☐ No	☐ Yes	$_____
Rental Income	☐ No	☐ Yes	$_____

Other: _____ $_____

Other: _____ $_____

Other: _____ $_____

Please list any other assets below and provide supporting documentation. In addition, please provide the most recent bank statements for all members of the household, 18 years and older.

Retirement accounts (401k, IRA, etc.)

☐ No ☐ Yes $_____

Investment accounts (stocks, bonds, mutual funds, CD, etc.)

☐ No ☐ Yes $_____

Other Real Estate (vacation home, rental property, etc.)

☐ No ☐ Yes $_____

Bank Accounts (checking, savings, money market)

☐ No ☐ Yes $_____

Other assets: _____ $_____

Other assets: _____ $_____

Please list all the automobiles you own below.

Automobile 1:

Year: _____ Make: _____ Model: _____

Automobile 2:

Year: _____ Make: _____ Model: _____

Automobile 3:

Year: _____ Make: _____ Model: _____

Automobile 4:

Year: _____ Make: _____ Model: _____

ELDERLY AND DISABLED TAXATION FUND &
PROPERTY TAX ASSISTANCE FUND APPLICATION – FY25

Please list your typical expenses by month OR by year (if bill is paid annually):

Mortgage	$_____ Monthly	**OR**	$_____ Yearly
Home Insurance	$_____ Monthly	**OR**	$_____ Yearly
Electric	$_____ Monthly	**OR**	$_____ Yearly
Heating Oil/Gas	$_____ Monthly	**OR**	$_____ Yearly
Water/Sewer	$_____ Monthly	**OR**	$_____ Yearly
Cable/Internet	$_____ Monthly	**OR**	$_____ Yearly
Phone(s)	$_____ Monthly	**OR**	$_____ Yearly
Medical (insurance and other expenses)	$_____ Monthly	**OR**	$_____ Yearly
Prescriptions	$_____ Monthly	**OR**	$_____ Yearly
Life Insurance	$_____ Monthly	**OR**	$_____ Yearly
Automobile (fuel, loan, insurance)	$_____ Monthly	**OR**	$_____ Yearly
Food	$_____ Monthly	**OR**	$_____ Yearly
Clothing	$_____ Monthly	**OR**	$_____ Yearly
Entertainment	$_____ Monthly	**OR**	$_____ Yearly
Other Expenses:			
_____	$_____ Monthly	**OR**	$_____ Yearly
_____	$_____ Monthly	**OR**	$_____ Yearly
_____	$_____ Monthly	**OR**	$_____ Yearly
Total Expenses	**$_____ Monthly**	**AND**	**$_____ Yearly**

ELDERLY AND DISABLED TAXATION FUND &
PROPERTY TAX ASSISTANCE FUND APPLICATION – FY25

Other Information

If you would like to provide any additional comments on why you are seeking assistance with your tax bill, please include a brief description of your situation below (attach additional sheets if necessary).

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Before you sign, please make sure the application is filled out completely and all necessary documentation has been attached.

The information provided in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Print name: _____

Email Address: _____

Name of preparer if other than applicant: _____

Phone #: _____ Email Address: _____

If you need further assistance with this form, please call the Needham Assessor's Office at (781) 455-7500 ext 508.