



TOWN OF ANDOVER

Town Offices
36 Bartlet Street
Andover, MA 01810
(978) 623-8200

www.andoverma.gov

Elder/Disabled Taxation Relief Fund Application FY23

The Town of Andover is pleased to provide an opportunity to offer a reduction of personal property taxes for qualifying applicants.

Who may be qualified?

Elder home owners (aged 62 or above)
Disabled homeowners or dependents of elder home owners
With individual / combined income of \$40,770/\$54,930

Award Amounts

Not to exceed \$1000, or 10% of applicant's property tax bill

Applications must be submitted by November 15th each year.
Awards will be made by December 1st.

Thank you for completing all sections below.

APPLICANT INFORMATION

Applicant #1 _____ Date of Birth: _____

Applicant #2 _____ Date of Birth: _____

Relationship of applicants: _____

Telephone number: _____ Email Address: _____

PROPERTY INFORMATION

Address of property: _____

Mailing address (if different): _____

Is this property your primary residence for at least 6 months per calendar year? ___ Yes ___
No

of household members:

Adults : _____ Ages: _____ # Minors: _____ Ages: _____

Relationship of adults and minors: _____

Is this property in a trust? ___ Yes ___ No If yes:

Primary Trustee: _____

Secondary Trustee: _____

Do you own any other properties? ___ Yes ___ No If yes:

Please specify: _____

EXEMPTIONS

Are you receiving any other tax exemptions, abatements or assistance? ___ Yes ___ No

If yes please indicate amounts below:

Residential \$ _____

Elder Low Income \$ _____

Blind \$ _____

Disabled Veteran \$ _____

Hardship \$ _____

Tax work-off \$ _____

Other \$ _____

Tax deferral \$ _____

DISABILITY STATUS

Are you disabled? ___ Yes ___ No If yes:

Please describe the nature of your disability: _____

Please attach a copy of applicable documentation (further documentation may be required)

EXTRAORINARY CIRCUMSTANCES

Are there any unusual or extraordinary circumstances affecting your financial situation that you'd like considered? (i.e. unusually high medical bills, major home repairs/maintenance, loss of a job, etc.) If yes, please explain:

FINANCIAL OVERVIEW

Sources of Income

Please list the sources and amount of **regular** (monthly) income you receive (i.e. rent from others, wages, social security, investments, pension, etc.):

| | |
|---------------|---------------|
| Source: _____ | Amount: _____ |
| Source: _____ | Amount: _____ |
| Source: _____ | Amount: _____ |
| Source: _____ | Amount: _____ |
| Source: _____ | Amount: _____ |
| Source: _____ | Amount: _____ |
| Source: _____ | Amount: _____ |

Recurring Expenses

Please list the type and amount of regular monthly expenses you pay (i.e. mortgage, property taxes, food, utilities, etc.)

| | |
|-------------|---------------|
| Type: _____ | Amount: _____ |
| Type: _____ | Amount: _____ |
| Type: _____ | Amount: _____ |
| Type: _____ | Amount: _____ |
| Type: _____ | Amount: _____ |
| Type: _____ | Amount: _____ |
| Type: _____ | Amount: _____ |
| Type: _____ | Amount: _____ |
| Type: _____ | Amount: _____ |
| Type: _____ | Amount: _____ |
| Type: _____ | Amount: _____ |

Please attach a copy of your most recent tax return

SIGNATURES

I attest that the information provided is accurate and complete.

Applicant #1 Signature _____ Date: _____

Applicant #2 Signature _____ Date: _____

Please return completed applications to Jane Burns, Director, Andover Elder Services. You will be notified by December 1, if you are eligible for the program.