

AID TO THE ELDERLY AND DISABLED TAX FUND

The Aid to the Elderly and Disabled Tax Fund Committee is now accepting applications for tax relief for Fiscal Year 2021. Applications are available at the Tax Collector's Office at Town Hall, the Senior Center on Nahatan Street and the Library. The application is also available online at the Town of Westwood web page.

Please send the completed application to:

The Aid to the Elderly and Disabled Tax Fund Committee
Collector's Office
580 High Street
Westwood, MA 02090

The Committee confidentially considers all applications from elderly or disabled residents. The general eligibility guidelines include but are not limited to the following:

Home value less than the town average (about \$654,000)

65 years of age or older

Annual income of less than \$55,000 verified by last filed federal income tax return

Home must be primary residence

The above are the general guidelines for the program. Please note that the Committee will consider all applications.

Any applicants that do not fit the general guidelines should provide detail of any special circumstances that may pertain.

The applications are due by October 1, 2020.

Please direct any questions regarding this application to Albert Wisialko, Tax Collector at 781-320-1017. (Leave a message on his voice mail and your call will be returned.)

APPLICATION FOR TAX RELIEF ELDERLY AND DISABLED

Fiscal Year: 2021

Assessor's Map/Lot _____
Marital Status _____
Date of Birth _____

Name of Owner(s) _____

Address of Property _____

Number of years residing in Westwood _____ Telephone Number _____

Is the Real Estate listed above your principal place of domicile? _____

Do you own other real estate? _____ If so, indicate the value and where the property is located _____

Have you received any other tax relief from the Town of Westwood? _____
If so, please explain _____

Attach a complete copy of your last filed Federal Income Tax Return with this application and a copy of the tax return of any other household members residing at this address.

Have you contacted the Council on Aging for fuel assistance? _____

Indicate the amount of out of pocket medical expenses (prescription drugs) and other out of the ordinary household expenses _____

Subscribed this _____ day of _____ 2020.

Signature of applicant(s) _____
(You are signing this applications under the penalties of perjury).