

# **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 2025. 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:

70 years of age or older  
Annual income of less than the State Circuit Breaker level (currently \$69,000).  
This must be verified by last filed federal income tax return  
Home must be primary residence  
Home value should be less than the Town average (currently \$1,165,873).  
Westwood resident for at least 10 years.

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, 2024.

Please direct any questions regarding this application to the Tax Collector at 781-320-1017. (Leave a message and your call will be returned.)

# APPLICATION FOR TAX RELIEF ELDERLY AND DISABLED

**Fiscal Year: 2025**

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 \_\_\_\_\_

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Subscribed this \_\_\_\_\_ day of \_\_\_\_\_ 2024.

Signature of applicant(s) \_\_\_\_\_

(You are signing this applications under the penalties of perjury).