

APPLICATION FOR TAX RELIEF ELDERLY AND DISABLED

Fiscal Year: 2019

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 _____ 2018.

Signature of applicant(s) _____

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