

APPLICATION FOR TAX RELIEF ELDERLY AND DISABLED

Fiscal Year: 2018

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 _____ 2017.

Signature of applicant(s)_____

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