## TOWN OF WESTWOOD PROPERTY TAX WORK OFF PROGRAM

## APPLICATION FOR FY\_\_\_\_

Date:	Birth Date:	
Full Name	dd/mm/yyyy	
	Middle Initial	
Maiden Name:	Tel. No.:	
Address:		
Westwood,	, MA 02090	
	ELIGIBILITY	
Are you age 60 or over?		Yes ( ) No ( )
Do you own and occupy the property to which the tax credit will apply?		Yes ( ) No ( )
Number of persons residing in household:		
Is your property subject to a trust?		Yes ( ) No ( )
If you answered yes, please p	provide the name & address of the trustee:	
Do you currently receive any	other tax exemptions from the Assessor's Office?	Yes() No()
If you answered yes, please s	pecify:	
Please check the appropriate	category for previous year's gross annual income (In	ncome only, not assets):
Up to \$49,000	Single	
	Single/Head of Household	1,0702,000
Up to \$74,000	Couple (Assessed value of your property cannot e	xceed \$/93,000.)
Have you had any unusual ex	spenses we should know about when determining eli	gibility?
Docum	FIRST TIME APPLICANTS: nentation of all income, a copy of your current tax	v hill and proof of age
Docum	is required to process this application	
	All information is confidential, not public	
ī	<u>REPEAT APPLICANTS</u> : Please furnish documentation of income, trust(s),	current tax hill
1	And update your File of Life.	Current tax viii
	Sign and date the application.	

Date:\_\_\_\_\_