Aid to the Elderly and Disabled applications will be accepted from Jan 1, 2014 to March 31, 2014

In 2003 the Aid to the Elderly and Disabled fund was implemented to assist low-income elderly and disabled persons to meet their property tax obligations. To qualify for Aid to the Elderly or Disabled, the following are eligible:

> Elderly – a resident of Carlisle who is a property owner in Carlisle and is 65 years or older at the time the application is filed.
>
> Disabled – a resident of Carlisle who is a property owner in Carlisle who meets the criteria for, or definition of disabled as it is applied to eligibility for tax relief under clauses 41A/41C/17/18/22/37.
>
> Income/Assets – combined household income does not exceed 200% of the poverty level (for a family of one, total *gross* annual income of no more than $22,980; for a family of two, total gross annual income of no more than $31,020), and total assets not to exceed maximum assets for a 41C exemption ($40,000 single; $55,000 married) excluding the Carlisle residence.

For more information, please contact the Carlisle Council on Aging at 978-371-2895.

Aid To Elderly and Disabled Fund

Policy and Guidelines

This policy shall be used by the Senior Tax Advisory Committee (STAC) to guide it in granting requests from the Aid to Elderly and Disabled Voluntary Taxation Fund was authorized by Town Meeting in 2002, and implemented in 2003. The committee reserves its right, however, to exercise judgment and discretion in reviewing such requests. The intent of this policy is to assist those in need particularly those who are unable to contribute fully toward their Carlisle Real Estate taxes subject to the criteria below.

The committee shall review all applications and make awards based on the availability of funds in the Aid to Elderly and Disabled Voluntary Taxation Fund and the recipient's eligibility. Applications must be made between January 1 and the end of March of the fiscal year in which tax relief is being sought. All applications and other information submitted to the Committee will be kept confidential. Any applicant may request a hearing. Notification of awards shall be made as soon as practically possible after the deadline and shall be no later than the end of May of said fiscal year. Prior to the March 31 deadline, the town shall notify its citizens that the STAC is seeking applications for those in need.

Eligible recipients:

Those who have **not** applied for Massachusetts General Law (M.G.L.) Chapter 59, Sections 17D, 18, 22, 37, 41A, 41C or other real estate tax relief, will be given priority over those who have applied for such relief in the current year or in the past year, and who are:

Elderly – a resident of Carlisle who is a property owner in Carlisle and is **65 years or older** at the time the application is filed, **or**

Disabled – a resident of Carlisle who is a property owner in Carlisle who meets the criteria for, or definition of disabled as it is applied to eligibility for tax relief under M.G.L. Chapter 59, Sections 18, 22 or 37, **and** has

Income/Assets –combined household income does not exceed 200% of the poverty level, and total assets, excluding the Carlisle residence, do not exceed maximum assets for a 41C exemption for the fiscal year in which the applicant is seeking tax relief.

Definition of Resident:

A resident is defined as a Carlisle taxpayer who:

1. has his/her primary residence in Carlisle, or
2. whose Carlisle residence is co-owned by an elderly or disabled person who uses the residence as his/her primary residence, or
3. whose Carlisle residence is owned by the person who is the caregiver of an elderly or disabled person who uses the residence as his/her primary residence.

For the purposes of determining whether a residence serves as the primary residence of an elderly or disabled person, the qualifying person must have lived in the residence for at least nine (9) of the last twelve (12) months.

"Caregiver" shall be defined as a person providing aid and assistance to a disabled or elderly person who is living in their Carlisle residence. Further, the caregiver must meet all the other qualifications for Aid to the Elderly and Disabled including income and assets as defined herein.

Documentation:

Completed application, including:

- the application form with signatures. The form which will be available at the Council on Aging or by calling (978) 371-2895;

- name, address, telephone number, and a brief explanation of why the applicant is applying for assistance such as a listing of prescription drug costs, property tax bill, listing of income, betterment costs, etc.;

- an indication of whether the applicant has filed for an exemption under the provisions of M.G.L. Chapter 59, Sections 17D, 18, 22, 37, 41A, 41C or other real estate tax relief in the current year or in the past year;

- proof of qualifying disability (physician's letter) and proof of age (birth certificate or suitable equivalent) for self or spouse;

- statement attesting to ownership or co-ownership of residence

- statement attesting that the residence is the primary residence of the qualifying individual;

- copy of IRS form 1040, 1040A, or 1041

- any other financial information requested by the Committee.

ALL INFORMATION SUBMITTED TO COMMITTEE SHALL BE KEPT CONFIDENTIAL!

Town of Carlisle

APPLICATION FOR AID TO ELDERLY AND

DISABLED TAXATION FUND

Fiscal Year_____

STATEMENT OF FACTS

Name(s) or record owner(s) _____Marital status_____

Name of applicant_____Date of birth_____

Location of real estate for which aid is requested_____

Is this location occupied by you as your primary residence?_____

What are the conditions that cause you to apply for aid?_____

_____

Are you able to work?_____

Occupation?_____

Are you able to work as a Senior Tax Worker for the Town of Carlisle?_____

Other facts regarding circumstances of this application?_____

_____

INCOME RECEIVED DURING YEAR PRECEDING JANUARY 1, OF THIS YEAR

Household gross annual income during preceding calendar year. List income received from all sources for each member of household 18 and older and not full time student during calendar year before January 1. Copies of federal income tax is required to verify income reported for each household member; additionally other proof of income may be required to apply.

Type of Income	**Applicant Name**	**Household Member Name**	**Household Member Name**	**Household Member Name**
Wages, salaries, other compensation				
Social Security				
Other pension/retirement benefits				
Interest/dividends				
Net profits from business or profession				
Net profits from property rental				
Capital gains				
Alimony				
Child Support				
Public Assistance				
Unemployment compensation				
Other (specify):				

Total Gross Annual Income				
Total Gross Household Income				

Continue list as attachment, in same format, as necessary.

Does above include the gross income of <u>all</u> co-owners of the property as of January 1 of this year?
Yes _____ No _____

If no, please include the above information along with IRS Tax Form 1040 for all co-owners.

MONEY DEPOSITED IN APPLICANT(S) NAME, WHETHER INDIVIDUALLY, JOINTLY OR AS TRUSTEE

List Banks and amount in each:

Bank Accounts:

Name & Address of Bank & Type of Account (check/sav) Account No. Value

_____ _____ $_____

_____ _____ $_____

_____ _____ $_____

_____ _____ $_____

_____ _____ $_____

Stocks, Bonds, Securities, etc. Description & Amount

_____ $_____

_____ $_____

_____ $_____

_____ $_____

Other non-exempt personal property. Kind and Description

_____ $_____

_____ $_____

_____ $_____

Are you the record owner of any real estate located in any other place? Location: _____

Value of property per most current tax assessment: $_____

Have you applied for or been granted an exemption in any other town or city? Name of place:
_____

Amount exempted: _____

**********Signing this form under the penalties of perjury has the legal effect of swearing under oath to the truthfulness of the information contained herein. All items on this form must be completed. Intentional misrepresentation of facts in this application may result in cancellation of this application.

SUBSCRIBED THIS_____day of _____,20____UNDER THE PENALTIES OF PERJURY

SIGNATURE OF
APPLICANT_____

FOR COMMITTEE USE ONLY

Application approved: _____