

Fiscal Year 2024 Application Guidelines

Plainville Elderly and Disabled Taxation Aid Fund

The fund was established to provide tax assistance to elderly and/or disabled Plainville residents who are homeowners with limited income and assets. It is funded with voluntary contributions from Plainville citizens. The fund was authorized by vote of Annual Town Meeting, July 13 2020, Article 4 (acceptance of MGL Chapter 60, Section 3D).

The Aid to the Elderly and Disabled Tax Fund Committee is now accepting applications for tax relief for Fiscal Year 2024. Applications are available at the Assessor's Office or Tax Collector's Office at Town Hall, the Senior Center or via the Veterans Affairs agent. The application is also available online at the Town of Plainville Tax Aid Committee web page (www.plainville.ma.us/1442/taxation-aid-committee). Applications are due by October 16.

The general eligibility guidelines include but are not limited to the following:

- 65 years of age or older as of last July 1 or disabled (see text below)
- Applicant must own and occupy the home as his/her primary residence
- Annual household income (verified by last filed federal income tax returns) should be less than
 - \$29,000 for 1 person
 - \$39,000 for 2 people
 - \$50,000 for 3 people
 - \$60,000 for 4 people

Applicants who have income that exceed but are close to these guidelines are still encouraged to apply.

Disabled – Applicant must currently be receiving disability benefits from a government-sponsored program based on determination of disability, such as SSDI, VA, Worker's Compensation, or any program providing assistance due to the disability. Documentation must be submitted with this application

If the home is held by a trust, applicant must be a trustee and a 50% beneficiary of the trust. Trust documentation must be submitted with the application.

Applicants should apply for any tax exemption programs that they are eligible for, including Senior, Surviving Spouse or Senior 70 or Older, Disabled Veterans, Blind, Property Tax Deferral and Community Preservation Act Exemption. Contact the Assessor's office for eligibility. The total of exemptions plus tax aid cannot exceed the tax bill.

Applicants should provide detail of any special circumstances that may pertain. Extraordinary circumstances (e.g. an unusual expense burden) will be considered in the Committee's deliberation and decision process. This will provide the Committee with flexibility to address unforeseen situations. Preferences will be given to applicants who demonstrate the greatest need.

The amount an eligible applicant will receive is dependent upon total funds available and total number of eligible applicants.

The Town may at any time or for any reason, with or without notice, modify or discontinue the assistance and eligibility criteria, or terminate assistance.

Assistance is for one fiscal year only. To continue assistance, you must submit a new application each subsequent year.

This application does not stay the collection of your tax, your taxes are still due and must be paid on time.

Awards will be announced by December 31 and be applied to your actual tax bill

Please provide all requested information that pertains to you. Assessment of your application cannot begin until the Tax Committee receives ALL pertinent information.

All information supplied to the Committee will be held in the strictest confidence.

For any questions or for assistance in filling out the application, contact:

- Council on Aging (508) 699-7384
 - Assessor's Office (508)-695-3010 x430
 - Treasurer's Office (508) 576-8440
 - Veterans Affairs (508) 699-0120 (Veterans only)
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Before mailing, check to be sure that you have:

- Completed all blanks on each page of the application
- Signed the application
- Enclosed copy of Drivers License or Photo ID with current address
- Enclosed copies of most recent Federal tax return (page 1) for all members of your household. If applicant has business income, provide Schedule C or K1. (If a federal tax return was not filed, other proof of income documentation will be required).
- Enclosed copy of real estate tax bill showing the assessed value
- If disabled, enclose copies of supporting documentation of applicant's receipt of disability benefits from a government-sponsored program
- If home is held by a trust, provide trust instrument including all schedules

Please save your original documentation

Copies you provide will not be returned

RETURN COMPLETED APPLICATION AND ALL DOCUMENTATION TO:

The Aid to the Elderly and Disabled Tax Fund Committee
Assessors Office
PO Box 1795
Plainville, MA 02762

Application # _____

Date received _____

Town of Plainville – Fiscal Year 2024
ELDERLY AND DISABLED APPLICATION FOR TAX RELIEF
MGL Chapter 60 Section 3D

Confidential - This application is not open to public inspection
This application must be received by October 16

Name of Owner(s) _____

Date of Birth _____ Marital Status _____ Are you a Veteran? _____

Applying as Elderly/Disabled (circle one or both)

If disabled, nature of disability _____

Disability – Permanent / Temporary (circle one) Disability– Full / partial (circle one)

(Supporting documentation of applicant's receipt of disability benefits from a government-sponsored program must be submitted with this application)

Address of Property _____ single family/multi-family (circle one)

Is this your principal place of residence? _____ # of years residing in Plainville _____

Were you – Sole Owner / Co-Owner with Spouse only / Co-owner with others (circle one)

Is this property held in trust? _____ If so, trust document must be submitted with application

From tax bill, (include copy) - Assessed value \$ _____ Parcel # _____ - _____

Mailing Address _____

Home ph _____ Cell ph _____ Email _____

Do you own other real estate? _____ If so, indicate the assessed value and where the property is located _____

Have you received any other tax relief from the Town of Plainville? _____ If so, please explain

Number of people in household _____ Gross household income _____

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.

Estimated value of liquid tangible assets for all household members, including stocks, bonds, Mutual Funds, CDs, IRAs, savings and checking accounts _____

Describe any other extraordinary circumstances you want the Taxation Aid Committee to consider (use separate page if more space is needed)

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Your signature

Date

This application does not stay the collection of your tax, your taxes are still due and must be paid on time

DISPOSITION OF APPLICATION – FOR COMMITTEE USE ONLY

Documentation complete

Granted

Denied

Date voted _____ Award _____

Notice Sent _____

Taxation Committee signatures
