

TOWN OF TYNGSBOROUGH

FY___ APPLICATION FOR TAX RELIEF

Massachusetts General Laws Chapter 60 § 3D

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

(See General Laws Ch.59 § 60)

Must be filed at the Assessors' office within
ten (10) business days after the tax
bills have been mailed.

INSTRUCTIONS: Complete all sections that apply. (Please print or type.)

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____ Date of Birth _____

Legal Residence (Domicile) on July 1, _____

Mailing Address (If different) _____

Telephone Number _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, ____? Yes No

If yes, were you

Sole Owner Co-Owner with Spouse Only Co-Owner with Others?

* Was the property subject to a Trust as of July 1, ____? Yes No
(If yes, attach Trust instrument including all schedules.)

* Was there a mortgage on the property as of July 1, ____?

* Have you been granted any exemption in any other city or town for this year? Yes No
(If yes, name of city or town _____ Amount exempted \$ _____)

B. REASON FOR HARDSHIP

Check status that applies to you and complete the questions that follow.

ACTIVATED MILITARY PERSONNEL

Initially enlisted in the armed forces

Military status changed to active duty.

Date of activation to active duty. _____ (Attach copy of orders.)

C. EMPLOYMENT STATUS.

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Are you able to work? Yes No

If unemployed, state date of last employment. _____

D. INSURANCE BENEFITS. Complete this section if you are a surviving spouse.

Date and place of spouse's death _____

Total amount of insurance received _____

Name of insurance company or fraternal society _____

E. ILLNESS OR DISABILITY:

Provide a detailed description of the physical or mental illness, disability or impairment.

(Attach physician's letter documenting the illness or disability.)

F. FAMILY ASSISTANCE: Complete this section if you are receiving any financial assistance from family members.

Name	Relationship	Residence	Occupation	Wages	Assistance given
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

G. REASON FOR APPLYING FOR TAX RELIEF:

H. FINANCIAL STATEMENT: Copies of your federal and state tax returns and other documentation **are needed** to verify income and assets for **each** owner.

ASSETS

REAL ESTATE

Domicile Value \$ _____

Other Value \$ _____

PERSONAL ESTATE

Motor Vehicle Values:

Year / Make / Model _____ \$ _____

_____ \$ _____

Bank Account Balances:

Bank Name / Address / Acct.# _____ \$ _____

_____ \$ _____

Other (Specify):

_____ \$ _____

_____ \$ _____

TOTALS \$ _____

INCOME

Wages and Salaries Monthly _____

Annual \$ _____

Unemployment Compensation _____

Social Security _____

Other Pensions / Retirement _____

Public Assistance:

AFDC _____

Food Stamps _____

Fuel Assistance _____

Other _____

Rental Income _____

Business / Profession Profits _____

Interest / Dividends _____

Other (Specify) _____

TOTAL \$ _____

LIABILITIES

Mortgage Outstanding Balance

\$ _____

Car Loan Balances

\$ _____

Other Outstanding Debts

(Personal Loans, Credit Cards, etc.) _____

TOTAL \$ _____

EXPENSES

Monthly

Mortgage Payments \$ _____

(including Taxes)

Food _____

Utilities:

Electricity _____

Gas _____

Heating Fuel _____

Telephone _____

Water / Sewer _____

Debt Payments:

Car Loans _____

Credit Cards _____

Personal Loans: _____

Other Fixed Expenses:

Car Insurance _____

House Insurance _____

Other (Specify):

TOTAL \$ _____

SIGNATURE. Sign here to complete application.

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

Signature _____ Date: _____

(If signed by an agent, attach copy of written authorization to sign on behalf of taxpayer.)

DISPOSITION OF APPLICATION (Citizens' Taxation Committee use only)

Ownership

Occupancy

Granted

Denied

Date Voted _____

Certificate No. _____

Date Cert. / Notice Sent _____

TAX RELIEF FUND COMMITTEE

TAXPAYER INFORMATION ABOUT FINANCIAL HARDSHIP RELIEF

FINANCIAL HARDSHIP RELIEF. You may be able to reduce a portion of the taxes assessed on your domicile if you do not have the financial resources to pay them because (1) you were called into active military service, or (2) you are older and suffer some physical or mental illness, disability or impairment. Qualifications are established locally by the Tax Relief Fund Committee. More detailed information may be obtained from your assessors.

WHO MAY FILE AN APPLICATION. A Tynngsborough resident may apply for aid on his/her primary residence tax bill. Assistance for tax relief may be granted, subject to the Tax Committee's review.

WHEN AND WHERE APPLICATION MUST BE FILED. Your application must be filed at the Assessors' Office at Town Hall within 10 business days after the tax bills have been mailed. THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE TAX RELIEF FUND COMMITTEE FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, THE TAX RELIEF FUND COMMITTEE CANNOT BY LAW GRANT YOU A FINANCIAL HARDSHIP EXEMPTION. AN APPLICATION IS FILED WHEN RECEIVED BY THE TAX RELIEF FUND COMMITTEE.

PAYMENT OF TAX. Filing an application does not stay the collection of your taxes. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any additional charges, you should pay the tax as assessed, if possible. If relief is granted and you have already paid the entire year's tax, you will receive a refund of any overpayment. If you are unable to make your payments, inform the assessors or Tax Relief Fund Committee when you file your application.

DISPOSITION. Upon applying for a financial hardship relief, you may be required to provide the Committee with further information and supporting documentation to establish your eligibility. The Committee has 3 months from the date your application is filed to act on it unless you agree in writing before that period expires to extend for a specific time. If the Committee does not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether relief has been granted or denied.

APPEAL. In order to obtain a review of the Committee's decision on your application for a financial hardship relief, you must bring a civil action in the Superior Court or Supreme Judicial Court. This action must be brought within 60 days of the decision.