



FY12 Elderly & Disabled Taxation Fund Application

(ALL INFORMATION SUPPLIED TO THIS COMMITTEE IS HELD IN THE STRICTEST CONFIDENCE)

Date: _____

Did you have to file an Income Tax Return for 2010? **YES or No** (Circle One)

If you answered "YES" above please enclose a FULL copy of your 2010 Income Tax Return

Owner(s) of Record

Disabled

Name: _____ Age: _____ Yes or No (Circle One)

Name: _____ Age: _____ Yes or No (Circle One)

Other adult resident(s) in household, not listed above (if any)

Name: _____ Age: _____

Name: _____ Age: _____

Property Address: _____

Phone number: (978)- _____ (Please note that if the committee has any

Year home purchased: _____ questions we may be calling you)

INCOME

Wages, Salary or Business Revenue: \$ _____ Monthly Amount, if any

Social Security: \$ _____ Monthly Amount, if any

Disability: \$ _____ Monthly Amount, if any

Pension: \$ _____ Monthly Amount, if any

Retirement Fund Distribution: \$ _____ Monthly Amount, if any

Other (please specify): _____ \$ _____ Monthly Amount, if any

TOTAL INCOME \$ _____

ESTIMATED ASSETS

AMOUNT

Savings Account: \$ _____ Total Amount, if any

CD: \$ _____ Total Amount, if any

IRA: \$ _____ Total Amount, if any

Mutual Fund: \$ _____ Total Amount, if any

401K: \$ _____ Total Amount, if any

Other Real Estate (Other than your primary residence): \$ _____ Total Amount, if any

Other (please specify): _____ \$ _____ Total Amount, if any

