

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
Application for Real Estate Tax Relief
For Fiscal Year 2024

Leverett Tax Relief Committee

Return to: Board of Assessors, Leverett Town Hall 548-4945
9 Montague Road, PO Box 300 - Leverett, MA 01054

Return as soon as possible and before April 1, 2024 for a spring award.

Minimum Eligibility Requirements:

Are you at least 60 years of age as of July 1, 2023, or disabled (any age) Yes _____

Definition of Disabled (See program regulations)

Do you Own and currently Reside at the property for which tax relief is requested for at least five years? Yes _____

Have you resided at this property for at least the past five years? Yes _____

To qualify for Tax Relief the limits for Maximum income and Maximum assets are below.

Marital Status	Maximum Annual Income	Maximum Income if a portion is from Social Security or Government Pension	Maximum Assets (Bank accounts, stocks, bonds, etc.) Does <u>Not</u> Include Value of Home
Single	\$31,265	\$36,706	\$62,526
Married	\$46,897	\$55,062	\$85,974

Owner(s) _____ **Date of Birth** _____

Owner(s) _____ **Date of Birth** _____

Owner(s) _____ **Date of Birth** _____

Location _____ **Phone** _____

E-mail _____ **mailing address if different from location** _____

Do you own property *in addition* to above? If so, list location & value.

HOUSEHOLD GROSS annual income from ALL sources for all owners of property and members of the household 18 years and older, (Enter TOTAL from Page 2)

\$ _____

MUST include most recent Federal/State Tax Return(s) for each member of household.

If you or other members of the household are not required to file federal or state income tax returns,
Please initial this box ☐ and attach a copy of Form SSA-1099 - Social Security Benefit Statement

ASSETS of ALL property owners (*excluding residence*): bank/brokerage accounts, stocks, bonds, IRAs etc

\$ _____ (Enter Total from page 2)

List any federal/state assistance programs you qualify for (Circuit Breaker/fuel assistance/SNAP/Medicaid/Mass health or other):

Additional information you want Tax Relief Committee to consider in determining your eligibility for tax relief.
(Attach new sheet)

I swear under penalty of perjury, the above information is true:

Signature

Date

HOUSEHOLD MEMBERS: List all members residing at this address on January 1, 2023			
Name	Relationship to applicant	Date of Birth	Occupation
HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR (attach Federal/State Tax return)			
List income received from ALL sources for each member of household 18 and older.			
Type of Income	Applicant	co-owner or other member	co-owner or other member
Wages, salaries, other compensation			
Social Security			
Other pension/retirement benefits			
Interest/dividends			
Rental income			
Net profit from business			
Capital gains			
Reverse Mortgage			
Public assistance			
Unemployment compensation			
Disability compensation			
Other (specify)			
TOTAL INCOME			
ASSETS			
Bank Accounts			
Stocks/Bonds			
IRAs			
Other			
TOTAL ASSETS			
HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES DURING PRECEDING CALENDAR YEAR:			
Health Insurance premiums			
Doctors/hospitals			
Diagnostic tests/prescription drugs			
Medical equipment			
Other			
TOTAL OUT OF POCKET			