THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

Application for Real Estate Tax Relief

For Fiscal Year 2027

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, 2027 for a spring award.

Minimum Eligibility Requirements:

Are you at least 60 years of age as of July 1, 2026, or disabled (any age) Yes_____

Definition of Disabled (See program regulations)

Do you Own and have Resided at the property for which tax relief is requested for at least five years? Yes_____

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 Not Include Value of Home
Single	$34,164	$40,109	$68,323
Married	$51,272	$60,166	$93,945

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, 2027

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			