



Town of Brookline
Taxation Aid Committee
Elderly or Disabled Taxation Aid Fund

The Fund to aid low-income seniors and disabled taxpayers with their real estate tax bill is fueled by donations. It has a limited amount of money overtime which may vary dependent on those donations. Awards from this fund will be granted to the applicants who show the most need. At a minimum, applicants must be at least 60 years old or disabled per the definition of 42 US c. 12102 (Americans with Disabilities Act) and confirmed by a doctor's letter or government determination of disability. FY2023 incomes should be below \$93,000 for this year, with preference given to those with the lowest income among other factors.

No applicant is guaranteed award from the fund.

Please contact the Assessor's Office at 617-730-2060 or by emailing the Assessor's office Assessors@brooklinema.gov for further information as to eligibility or the criteria to discuss with your doctor for a determination of disability.

TAXPAYER INFORMATION ABOUT ELDERLY AND DISABLED ASSISTANCE

WHEN AND WHERE TO FILE AN APPLICATION

Applications may be obtained from the Assessor's Office or on the Assessor's webpage. For assistance please call 617-730-2060. **Applications must be submitted to the Assessor's Office, 333 Washington Street, Room 215, Brookline, MA 02445 by April 1st.**

PAYMENT OF TAX

Filing an application does not stay the collection of your taxes. Failure to pay the tax when it is due may subject you to interest charges and collection action. To avoid any additional charges, you should pay the tax as assessed. Awards will be applied against the 3rd and 4th quarter tax bills. A Town check will be drawn and presented to the Treasurer with a list of taxpayer accounts to credit.

COMMITTEE'S DISPOSITION

Upon applying for tax assistance, you may be required to provide the Taxation Aid Committee with further information and supporting documentation. All information supplied to this committee is held in the strictest of confidence. You will be notified in writing whether your request for assistance has been granted or denied. All Committee decisions are final.

NOTE: Funds are awarded annually. You **MUST** reapply each year to be considered.

Town of Brookline
FY2023 Elderly or Disabled Taxation Aid Fund Application

This application must be received by the Board of Assessors on or before April 1, 2023

Return completed form to:
 Brookline Town Hall
 Assessor's Office, Room 215
 333 Washington Street
 Brookline, MA 02445

Assessor's Use Only
Parcel ID _____
Property Use Code _____
FY2023 Assessment _____

A. IDENTIFICATION AND INFORMATION

Applicant's Name: _____ Date of Birth: _____

Legal Residence: _____ Telephone No.: _____

Mailing Address (if different) _____ Marital Status: _____

Age: _____ Number of years applicant has resided at this address (as of 1/1/23): _____

Number of people in household: _____

Sole owner? Y N / Co-owner with spouse only? Y N / Co-owner with others? Y N

Is this property in trust? Y N If yes, trust instrument(s) may be needed.

If applicable, applicant's disability (as defined in 42 U.S.C. § 12102): _____

_____. Please provide documentation such as a physician's letter.

Have you been awarded any other exemptions from the Assessor's Office? Y N

If so, which exemptions? _____

B. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR

	Applicant and Spouse	Co-Owner(s) and Spouse
Retirement benefits (Social Security)	\$ _____	\$ _____
Other pensions and retirement allowances	\$ _____	\$ _____
Wages, salaries and other compensation	\$ _____	\$ _____
Net profits from business, profession or property rental	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Other receipts (rent, capital gains, public assistance)	\$ _____	\$ _____
Totals	\$ _____	\$ _____

C. ASSETS AND LIABILITIES OF ALL OWNERS

Assets		Liabilities	
Real Estate	Assessed Value		Outstanding Balance
Residence	\$ _____	Mortgage 1	\$ _____
Other Real Estate	\$ _____	Mortgage 2	\$ _____
Other Assets			
Motor Vehicles		Vehicle Loan	\$ _____
Year/Make/Model	Market Value	Vehicle Loan	\$ _____
1 _____	\$ _____		
2 _____	\$ _____		
	Average Balance	Other Liabilities	
Checking	\$ _____	Personal	
Savings	\$ _____	Loans	\$ _____
CD	\$ _____		\$ _____
Investments	\$ _____	Credit Cards	\$ _____
401(K)	\$ _____		\$ _____
Trust Funds	\$ _____		\$ _____
Collections	\$ _____		\$ _____
Other (specify)	\$ _____		\$ _____
Total	\$ _____	Total	\$ _____

D. EXPLANATION

Please use this space to list other extraordinary circumstances you would like the Taxation Aid Committee to consider.

E. SIGNATURE

This application has been prepared or examined by me. Under 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.

For assistance with the application, please contact the Assessor’s Office at 617-730-2060.

Signature _____ Date _____

If signed by agent, attach copy of written authorization to sign on behalf of taxpayers.