

TRURO TAXATION AID COMMITTEE

Elderly and Disabled Fund

-- Fiscal Year 2026 --

Guidelines

and

Application

****Must be submitted by Monday, March 31, 2026****

**All information supplied to the Committee will be held in the strictest of confidence
and not be open for public inspection.**

TO: Town Treasurer, Truro Town Hall, PO Box 2012, Truro, MA 02666-2012

(Town Treasurer 508-349-7004 x114)

APPLICATION GUIDELINES

****Note changes to this year's application****

- Threshold raised for single and married income

This fund was established to provide taxation assistance for the elderly and disabled residents of Truro from volunteer contributions of its citizens on their real estate tax forms. The fund was authorized by vote of Annual Town Meeting, April 13, 1999, Article 13 (acceptance of Massachusetts General Law Chapter 60, Section 3D). The eligibility criteria for assistance from this fund is as follows:

- **Applicant must own and occupy the real estate in Truro as their primary and sole residence.** An applicant must be the titled owner of the property or hold a life estate in the property. If title is held by a trust, the applicant must be both a trustee and at least a 50% beneficiary of the trust in order to qualify. Applicant must also have resided in the Town and held title to the taxed property a full calendar year prior to submission deadline.

- **Applicant must be elderly or disabled.**

“**Elderly**” is defined as a person who is at least 65 years of age on or before July 1, 2025.

“**Disabled**” is defined as a person who is not able to work due to illness or accident and is currently receiving benefits from one or more of the following programs based on a determination of disability: Social Security Administration, SSI or Medicaid, Veterans Administration, Workers Compensation, or any other such program or agency providing public/financial assistance due to the disability. Those in need of assistance due to a disability that does not qualify for public assistance may also be considered.

- **Total yearly household income, *including Social Security*, must be less than \$52,416 if single, or less than \$65,520 if married.** If the real estate is owned by more than one person, total household income will be considered. Income information must be furnished with application.

APPLICATION PROCESS

- Taxation aid assistance will be awarded on an annual basis.
- Application forms will be available at Truro Town Hall, Truro Public Library, Truro Council on Aging, and on the Town of Truro website (www.truro-ma.gov).
- Applications for Fiscal Year 2026 will be due no later than **March 31, 2026**, and must be accompanied, if filed, by a copy of your entire 2024 Federal Income Tax return, Massachusetts Tax return, and any supporting documents indicating disability benefit receipts. If federal or state tax returns are no longer filed, copies of annual social security statements must accompany application.
- Return completed application to: Town Treasurer, Truro Town Hall, 24 Town Hall Road; or mail to: Town Treasurer, PO Box 2012, Truro, MA 02666-2012
- To qualify for Taxation Aid, applicants must be receiving or have applied for a Residential Exemption, which could provide substantial tax relief for recipients. Applications are attached to this packet. If the Residential Exemption was denied, include the Letter of Denial from the Assessor's office.
- In addition, if qualified, you MUST first avail yourself of the exemptions offered by the Board of Assessors. These include exemptions for Veterans, Elderly, Blind, and others (a summary is attached to this application; for complete list and detailed information contact the Board of Assessors). Total exemptions combined with the taxation aid assistance cannot exceed the total of your current tax bill.
- All information supplied to the Committee will be held in the strictest of confidence and not be open for public inspection. Application review may be in coordination with the Assessor's Office.
- In reviewing eligible applications, consideration will also be given to an applicant's overall financial situation as determined by the value of other assets, personal property owned, living expenses and unusual financial hardship.

DISTRIBUTION OF FUNDS

- The funds will be disbursed on a needs basis, as determined by the Committee's application of the eligibility guidelines. Since the fund is replenished annually through voluntary contributions, no set dollar amount can be established for any particular year. If taxation aid assistance is awarded, it will be applied to the Fiscal Year 2026 tax bill and the applicant will be notified by mail.

APPLICATION

Name _____ Age _____ Marital Status _____

Nature of disability (if applicable) _____

Address of Property _____ Parcel ID _____ (from tax bill)

Mailing Address _____ Phone No _____

Assessed value of residence (from tax bill) _____

Years owned _____ Is this your **Primary Residence**? Yes No

(Primary Residence is defined on Page 1)

If in Trust, list Trustee(s): _____

A. TOTAL GROSS INCOME (page 4) \$ _____

B. TOTAL ESTIMATED ASSETS (page 4) \$ _____

C. TOTAL EXPENSES (page 5) \$ _____

Please confirm what other exemptions of financial assistant you have received or applied for:

Are there any unusual or extraordinary circumstances affecting your financial situation that you wish to have considered with this application? If so, explain on page 6.

DO YOU OWN ANY OTHER REAL ESTATE? Yes No

If so, where is it located and what is the assessed value:

Has income information been provided to the Assessor's office? Yes No
If yes, skip to section B.

| INCOME (GROSS) | ANNUAL | COMMENTS |
|--|----------------------------------|------------------------------|
| Wages, salary or business revenue: | \$ _____ | _____ |
| Social Security | \$ _____ | _____ |
| Retirement (Federal, MA & Political Subdivisions) | \$ _____ | _____ |
| Workers Compensation, Unemployment: | \$ _____ | _____ |
| Disability, Supplemental SSI: | \$ _____ | _____ |
| Interest & Dividends: | \$ _____ | _____ |
| Other Income: (Rent, IRA's, Trust Income, Annuities, etc.) | \$ _____ | _____ |
| Other (please specify): _____ _____ _____ | \$ _____ \$ _____ \$ _____ | _____ _____ _____ |
| A. TOTAL GROSS INCOME | \$ _____ | _____ |
| B. ESTIMATED ASSETS (as of 12/31/2025, or, declare date used) | | |
| Savings, Checking, Money Markets | \$ _____ | Total amount |
| CD, Annuities, IRA's, 401K's | \$ _____ | Total amount |
| Stocks, Bonds | \$ _____ | Total amount |
| Mutual Funds | \$ _____ | Total amount |
| Permanent Life Insurance (cash value) | \$ _____ | Total amount |
| Other investments (please specify) _____ _____ | \$ _____ \$ _____ | Total amount Total amount |
| B. TOTAL ESTIMATED ASSETS | \$ _____ | |

| C. EXPENSES | ANNUAL | COMMENTS |
|--|-----------------|--------------|
| Mortgage Payment | \$ _____ | |
| Electric, Heating (gas & oil) | \$ _____ | |
| Phone, Cable | \$ _____ | |
| Food, Clothing | \$ _____ | |
| Car Loans, etc | \$ _____ | |
| Credit Card debt | \$ _____ | |
| Medical Bills (including prescription drugs) | \$ _____ | |
| Insurance (Medical, Life) | \$ _____ | |
| Insurance (House, Auto) | \$ _____ | |
| Other (please specify): _____ | \$ _____ | |
| | \$ _____ | |
| | \$ _____ | |
| | \$ _____ | |
| C. TOTAL EXPENSES | \$ _____ | _____ |

NOTE: If filed, copy of 2024 Federal and State Tax Returns must be submitted with this application. If not filed, applicant must attest in writing that 2024 return was not filed. Applicant may choose to submit 2025 Tax Returns if filed.

Unusual circumstances or additional comments (attach additional page if necessary):

CERTIFICATION

I certify that the information I have provided in this application (including supporting documentation) is complete and accurate. I understand that all information is subject to verification. I understand that if approved and the Town of Truro becomes aware of any fraudulent activity related to my application, my assistance will terminate and I will return all funds received to the Town of Truro within 120 days of notification of termination. I authorize the Town of Truro to obtain further information as necessary to complete the application process, verify accuracy of any information provided, or require additional information necessary to determine eligibility.

SIGNATURE(S) _____ DATE _____
(Signed and submitted under the pains and penalties of perjury)

For Taxation Aid Committee Use Only

Taxation Aid Committee Final Action

Date Denied:

Date Granted: _____

Amount: \$