

Taxation Aid Committee Use Only

Parcel ID _____

Property Use code _____

FY 2011 Assessment _____

**TOWN OF HINGHAM
FISCAL YEAR 2012**

ELDERLY AND DISABLED TAXATION FUND APPLICATION FORM

This application must be received by the Taxation Aid Committee by March 30, 2012

Applicant's Name _____

Address of Property _____ Primary Domicile? _____ Yes _____ No

Applicant's Date of Birth _____ Phone _____

If applicable, Applicant's Disability _____

List of programs related to applicant's disability for which applicant currently receives

benefits: _____

(Supporting documentation of applicant's receipt of disability benefits from a government-sponsored program must be submitted along with this application.)

Date Applicant Purchased Home _____

(If property held in trust, trust document must be submitted along with this application).

Number of years applicant has resided in Hingham _____

Number of people in household _____

Gross Household Income _____

(Supporting documentation to be submitted includes calendar year 2010 or 2011 federal income tax return for all household members. If a federal tax return was not filed, other supporting documents will be required).

Estimated Value of Assets (not including primary domicile in Hingham) _____

(This estimate should include the value of personal property and other real estate such as second homes or income producing properties, cars, boats, stocks, bonds, IRA's, savings and checking accounts, pension and annuity funds, and any other tangible liquid assets. Supporting documentation may be required).

Have you ever received any other tax relief from the Town of Hingham? _____

If so, please explain _____

Please include a list any other extraordinary circumstances you want the Taxation Aid Committee to consider.

Return application to: Taxation Aid Fund Committee, % Treasurer Collector 210 Central St Hingham Ma 02043

Applicant Signature: _____

Date: _____

Signed under pains and penalties of perjury

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APPROVED _____

DENIED _____

DATE APPLICATION REVIEWED _____

AMOUNT OF ASSISTANCE _____

Signatures of Committee Members
