

Town of Hingham, MA
Elderly and Disabled Taxation Aid Fund
FY 2025 Application
CONFIDENTIAL

Owner(s) of Record Name:

Name: _____ Age: ____ Disabled? Yes No

Name: _____ Age: ____ Disabled? Yes No

Phone # _____ Email _____

Other adult residents in household, if any:

Name: _____ Age ____ Relationship: _____

Name: _____ Age ____ Relationship: _____

If other adults reside in household, you must list their income and provide copies of their most recent State and Federal Income Tax returns.

Please state your reason for applying:

Veteran (please circle): Yes/No

Number and age of dependent(s):

Property Address: _____ Year Purchased: _____

Someone from the Committee may contact you if there are any questions.

Current Year Financial Resources and Expenses
(continued on 2nd page)

Assets	Amount	Comments
Savings accounts	\$ _____	
CDs	\$ _____	
IRAs/401K, retirement	\$ _____	

Stocks, bonds, mutual funds \$ _____
 Other real estate \$ _____
 All other assets (please specify) \$ _____

Gross Income Monthly and/or Annual (circle one)

	Applicant #1	Applicant #2	Other Adult in House
Pension	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Disability	\$ _____	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____	\$ _____
Retirement Distributions	\$ _____	\$ _____	\$ _____
Wages	\$ _____	\$ _____	\$ _____
Other income	\$ _____	\$ _____	\$ _____

Assistance

Fuel Assistance	\$ _____	\$ _____	\$ _____
SNAP (Food stamps)	\$ _____	\$ _____	\$ _____
Clause 17E or 41D (circle which)	\$ _____	\$ _____	\$ _____
(Real estate tax exemptions through the Board of Assessors)			
Tax Deferral	\$ _____	\$ _____	\$ _____
Senior Work-Off	\$ _____	\$ _____	\$ _____
Circuit Breaker Credit	\$ _____	\$ _____	\$ _____
Veterans Exemption	\$ _____	\$ _____	\$ _____
Other Assistance	\$ _____	\$ _____	\$ _____

Total Annual Income and Assistance \$ _____

Expenses

Property Taxes	\$ _____	\$ _____
Mortgage	\$ _____	\$ _____
Utilities (Heat, electricity, phone)	\$ _____	\$ _____

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 Hingham 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 Hingham within 120 days of notification of termination. I authorize the Town of Hingham 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) _____

Print: _____ **Date** _____

For Taxation Aid Committee Use Only

Date Denied: _____

Date Granted: _____

Amount: _____