



FY'09 Elderly & Disabled Taxation Fund Application

(ALL INFORMATION SUPPLIED TO THIS COMMITTEE IS HELD IN THE STRICTEST CONFIDENCE)

Date: _____

Owner(s) of Record

Disabled

Name: _____ Age: _____ Yes or No (Circle One)

Name: _____ Age: _____ Yes or No (Circle One)

Other adult resident(s) in household, not listed above (if any)

Name: _____ Age: _____

Name: _____ Age: _____

Property Address: _____

Phone number: (978)- _____ (Please note that if the committee has any

Year home purchased: _____ questions we may be calling you)

INCOME

MONTHLY AMOUNT

Wages, salary or business revenue: \$ _____

Social security: \$ _____

Disability: \$ _____

Pension: \$ _____

Retirement fund distribution: \$ _____

Other (please specify): _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL INCOME \$ _____

ESTIMATED ASSETS

AMOUNT

Savings account: \$ _____

CD: \$ _____

IRA: \$ _____

Mutual Fund: \$ _____

401K: \$ _____

Other Real Estate-Not primary residence: \$ _____

Other (please specify): _____ \$ _____

_____ \$ _____

TOTAL ASSETS \$ _____

