

*Town of Hopkinton, Massachusetts*

**2007 Real Estate Tax Relief Application**  
**(all information provided is held in strict confidence)**

Note: Applications are due November 1<sup>st</sup>. Council on Aging Outreach for assistance at 508-435-3656 or 508-435-8758

Applicant Information			
Name (From tax bill)	Social Security #	Birth Date	Years in Hopkinton
Street Address:			
Home Telephone:		Work Telephone:	
Complete for all other people residing at the property			
Name	Social Security #	Birth Date	Relationship

Please provide an explanation of why you are seeking assistance with your tax bill.

- I submitted an application last year. I certify that my income has not changed substantially this year. (Sign below and stop)

**DECLARATION:**

I declare under penalties provided by law that this affidavit, to the best of my knowledge, is true, correct, and complete. Any person falsely claiming an exemption shall be guilty of a misdemeanor.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
(Date) Spouse's Signature

\_\_\_\_\_  
Date

Have you applied for a Real Estate Tax Exemption for Fiscal 2005? Yes \_\_\_ No \_\_\_

Did you receive tax relief from this committee last year? Yes \_\_\_ No \_\_\_

I am able to pay \$\_\_\_\_\_ towards my annual tax bill.

Are you required to file a Federal Tax Return? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide a copy of your latest return.

Please provide a list and copy of all overdue bills.

ASSET INFORMATION COPIES OF ALL STATEMENTS MUST BE PROVIDED			
APPLICANT AND SPOUSE			
		Applicant	Spouse
1.	Savings Account		
2.	Checking Account		
3.	CDs		
4.	Stocks, Bonds, Mutual Funds		
5.	Cash Value of Life Insurance		
6.	Cash Value of Annuities		
7.	Other Real Estate		
8.	Automobiles(list Year, Make & Approx Value)		

**INCOME INFORMATION  
PROOF OF ALL INCOME MUST BE PROVIDED**

**APPLICANT AND SPOUSE**

		Applicant	Spouse
1.	Social Security		
2.	SSDI		
3.	Pension		
4.	Annuity		
5.	Interest & Dividends (inc. Muni Bonds)		
6.	Salary, Bonus, Commissions, 1099 Inc		
7.	Rental Income		
8.	Alimony/Child Support		
9.	Unemployment Income		
10.	VA Benefits		
11.	Other(Gifts, Disability, Trust, etc.) Explain:		
12.	Total Income for Applicant & Spouse		

**EXPENSE INFORMATION**

		Amount	Frequency (Annual, Monthly, Weekly, etc.)
1.	Cable TV		
2.	Subscriptions (newspapers, online, etc.)		
3.	Pets		
4.	Travel		
5.	Charities		
6.	Mortgage/Rent		
7.	Electric		
8.	Gas/Oil		
9.	Phone (Home & Cell)		
10.	Water/Sewer		
11.	Lawn/Snow		
12.	Food/Groceries		
13.	Automobile Gas/Service		
14.	Automobile Insurance		
15.	Life Insurance		
16.	Home Owners Insurance		
17.	Medical Insurance		
18.	Other Insurance		
19.	Clothing		
20.	Home Repairs		
21.	Prescriptions/Doctors		