



Town of Weston Elderly Tax Assistance Program Application

Name _____

Grand List _____

Name _____

Total Income _____

Location _____

Property ID# _____

**Please note: All questions must be answered. Incomplete applications may result in denial of benefits.
Please be sure to complete BOTH sides.
Deadline for filing this application is May 15, 2019**

- 1. Date of Birth _____
- 2. Is there a co-owner other than spouse? Yes _____ No _____
- 3. Do you share ownership with anyone else? Yes _____ No _____
If yes, Name _____
Their % of ownership _____
- 4. I, and/or my spouse was 65 or older on December 31, 2018 or I was 60 on that date and am the surviving spouse of a taxpayer qualified for tax relief under this ordinance at the time of his/her death. Yes _____ No _____
- 5. I have resided and paid real estate taxes on a residence in Weston of 1 year prior to this application. Yes _____ No _____
- 6. Is the property your legal residence and do you occupy it more than 183 days each year? Yes _____ No _____
- 7. My property taxes are paid. I am not delinquent. Yes _____ No _____
Taxpayer must be current as of May 15th to be eligible for benefits.
- 8. I certify that I have applied for State Tax Relief for which I am eligible. Yes _____ No _____

Checklist of what you need to submit with this form:

- 1. Your Federal Income Tax Return for 2018. If you file separately from your spouse, attach for each.
- 2. Copies of all untaxed income. Examples:
 - A. Untaxed Social Security Benefits _____
 - B. Untaxed IRA Distributions _____
 - C. Untaxed Pensions and Annuities _____
- 3. Net Worth: Include fair market value on ALL assets; real and liquid.
 - A. Fair Market Value of Real Property (include mortgages and loans) of all assets owned. _____
 - B. Bank accounts (current month statement for checking and savings) _____
 - C. Stocks and Bonds _____

I, _____ do swear or affirm under penalty of perjury that the information contained in this application has been examined by me and to the best of my knowledge and belief is complete and the statements made are true and correct.

Signed Date

Please complete page 2 on back of form.

TOWN OF WESTON ELDERLY TOWN BENEFIT

GRAND LIST _____

Name: _____ DOB: _____ Social Security # _____

Name: _____ DOB: _____ Social Security # _____

Mailing Address: _____ Property Address: _____

Filing Status: Married Unmarried

Did you file a Federal Tax Return? Yes No

INCOME YOU RECEIVED LAST CALENDAR YEAR:

1. Total Income – 1040 Line 22 _____

2. List Any Tax Exempt Interest _____

3. List Any Untaxed IRA Distributions _____

4. List Any Untaxed Pensions and Annuities _____

5. List Any Untaxed Social Security _____

6. List Any Other Income _____

Total All of the Above _____

Signature: _____ Date: _____ Phone # _____ Email _____