

The Commonwealth of Massachusetts  
TOWN OF TYNGSBOROUGH

FISCAL YEAR 2026 APPLICATION FOR  
ELDERLY/DISABLED TAXATION AID  
General Laws Chapter 60, § 3D

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION  
(See General Laws Chapter 59, § 60)

Instructions: Complete all sections that apply. Please print clearly.

A. IDENTIFICATION:

Applicant 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Email: \_\_\_\_\_ Parcel ID \_\_\_\_\_

Legal Residence (Domicile) as of July 1, 2025: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Did you own and occupy the property as of July 1, 2025?  Yes  No  
If YES, were you:

Sole Owner  Co-owner with Spouse  Co-owner with Others

Was the property subject to a Trust as of July 1, 2025?  Yes  No  
If YES, please provide a copy of the Trust and Schedule of Beneficiaries

Have you been granted any exemption in any other city or town?  Yes  No

Have you been granted any other tax exemptions from Tyngsborough this year?  Yes  No

If YES, please explain: \_\_\_\_\_

B. STATUS: Please check all that apply.

Elderly  Disabled Are you able to work?  Yes  No

If disabled, please describe the physical or mental illness, disability or impairment. (Please attach a physician's letter documenting the illness or disability)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. HOUSEHOLD INFORMATION:** Please complete the following for all who reside at this property other than applicant and spouse:

Name:	Relationship to you	Date of Birth
_____	_____	_____
_____	_____	_____

**D. NON-GOVERNMENTAL ASSISTANCE:** Please complete this section if you are receiving any financial assistance from family members or others.

Name:	Relationship to you:	Amount/Type of Assistance Given:
_____	_____	_____
_____	_____	_____

**E. INCOME FROM ALL SOURCES:** Please provide MONTHLY Income at the time of this application.

Source of Income	Applicant 1:	Applicant 2/Spouse:	Other Contributing Household Members:
Wages			
Social Security			
SSDI			
Pension			
Annuity			
Interest/Dividends			
Business Income			
Rental Income			
Alimony/Child Support			
Unemployment income			
VA Benefits			
SNAP Benefits			
Fuel Assistance			
Other			
Other			
Other			
<b>Total Monthly Income:</b>			

**F. LIABILITIES:** Please list the total outstanding obligations at the time of this application.

Liability	Applicant 1:	Applicant 2/Spouse:
Mortgage:		
Second Mortgage/Equity Loan		
Personal Loan(s)		
Automobile Loan(s)		
Credit Cards		

<b>G. ASSET INFORMATION: Total value at the time of this application.</b>			
<b>Asset Type</b>	<b>Applicant 1:</b>	<b>Applicant 2/Spouse:</b>	<b>Other Contributing Household Members:</b>
Checking Accounts			
Savings Accounts			
CDs			
Stocks, Bonds, Mutual Funds			
IRAs			
Cash value of Life Insurance			
Cash value of Annuities			
Other real estate owned			
Automobile/Trailers etc			
Other			
Other			
<b>Total Asset Value:</b>			

<b>H. EXPENSES. Please list all MONTHLY EXPENSES at the time of this application.</b>		
<b>Type of Expense</b>	<b>Applicant 1:</b>	<b>Applicant 2/Spouse:</b>
Mortgage Payment		
Second Mortgage/Equity Payment		
Personal Loan Payment(s)		
Property Taxes		
House Insurance		
Automobile Loan Payment(s)		
Auto Insurance		
Auto Expenses-gas, maintenance		
Credit Card Payment(s)		
Electricity		
Gas/Oil		
Telephone/Cell Phone		
Cable/Internet		
Water/Sewer		
Medical/Dental		
Life Insurance/Burial Insurance		
Prescriptions		
Food		
<b>Total Monthly Expenses</b>		

**I. COMMENTS YOU WISH TO MAKE TO THE COMMITTEE REGARDING EXTENUATING CIRCUMSTANCES OR FURTHER EXPLANATIONS OF INFORMATION PROVIDED ON APPLICATION: (Attach a separate page if necessary)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**J. SIGNATURE(S):**

This application has been prepared or examined by me. Under the pains and penalty of perjury, I declare that to the best of my knowledge and belief, this application and all accompanying documents and statements are true, correct and complete and I have not omitted any income or assets.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant 1

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant 2

For your convenience, please review the following checklist to be sure that you have completed the application and provided all necessary documentation.

**REQUIRED DOCUMENTATION CHECKLIST FOR SUBMISSION**

(SKIP THE ITEM IF IT DOES NOT PERTAIN TO YOU)

- COPIES OF BIRTH CERTIFICATE(S) ATTACHED – (FIRST TIME APPLICANTS ONLY)
- IF PROPERTY IN TRUST, COPY OF TRUST AND SCHEDULE OF BENEFICIARIES
- COPIES OF SOCIAL SECURITY DISABILITY LETTERS OR DOCTORS LETTERS
- A COPY OF 2024 FEDERAL INCOME TAX RETURN – (IF FILED)
- COPIES OF SOCIAL SECURITY AWARD LETTER
- COPIES OF ALL OTHER INCOME PROOFS
- COPIES OF ALL BANK STATEMENTS – PRIOR THREE (3) MONTHS FULL STATEMENTS
- COPIES OF PENSION & IRA ACCOUNT(S)
- COPIES OF ALL APPLICABLE EXPENSES
- COPIES OF ALL APPLICABLE LIABILITIES

**DISPOSITION OF APPLICATION (ASSESSOR'S USE ONLY)**

Ownership	<input type="checkbox"/>	GRANTED	<input type="checkbox"/>	Assessed Tax	\$_____
Occupancy	<input type="checkbox"/>	DENIED	<input type="checkbox"/>	Granted Amount	\$_____
Income	<input type="checkbox"/>	DEEMED DENIED	<input type="checkbox"/>	Adjusted Tax	\$_____
Assets	<input type="checkbox"/>				
Expenses	<input type="checkbox"/>				
Liabilities	<input type="checkbox"/>				

Committee Members

\_\_\_\_\_

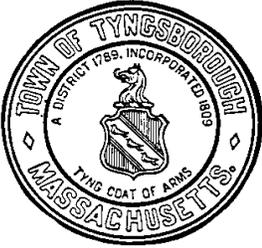
\_\_\_\_\_

Bill Number \_\_\_\_\_

Payment Number \_\_\_\_\_

Date Deemed Denied \_\_\_\_\_

Date: \_\_\_\_\_



# Town of Tyngsborough

## Assessor's Office

25 Bryant Lane  
Tyngsborough, MA 01879  
(978) 649-2300 x 121

### Chief Assessor

Lauren M. Woekel

### Assistant Assessor

Evanne Foss

### Board of Assessors

Ann Conant, Chair

Marie Lambert

George Gaynor

## ELDERLY AND DISABLED TAXATION AID FUND

MGL CH. 60 SEC. 3D

**Fiscal Year 2026**

Massachusetts General Law Chapter 60 Section 3D authorizes the voluntary contributions by citizens to establish an Elderly and Disabled Taxation Aid Fund for the purpose of defraying the real estate taxes of elderly and disabled persons of low income.

All information provided shall remain CONFIDENTIAL and will not be used by the Town for any other purpose other than to determine eligibility for the Elderly and Disabled Taxation Aid Fund and/or additional Real Estate Property Tax Exemptions for which the applicant may qualify.

**The ability of the Committee to approve applications for aid and grant relief is subject to the availability of funds.**

### Eligibility:

- “Elderly” is defined as a person who is at least 60 years of age as of July 1, 2025.
- “Disabled” is defined as a person who is not able to work. The applicant may be receiving SSI, welfare, or retirement income, or may have suffered a loss of income due to illness or accident.
- Applicant must be the titled owner of the property or hold a life estate in the property. If title is held by a trust, the applicant must be both a trustee and beneficiary of the trust. (A copy of the trust must be provided)
- Applicants must have resided in Tyngsborough and owned property for at least one (1) year prior to application.
- Gross Income must be less than \$40,000

### Application Process:

- The committee meets twice per year. **Applications are due to the Assessor's Office:**  
**November 1, 2025**  
**March 1, 2026**

### Required Documents:

- First time applicants must provide a copy of their birth certificate.
- If applying as disabled, please provide a letter from your physician.
- Applicants must provide documentation to support income/expense/liability information reported on the application. If applicant files a Federal Income Tax Return, a copy of the most recent filing must be submitted with the application.
- Applicants must provide three (3) months of recent full statements of all bank accounts for any household member over the age of 18 to support asset information reported on the application.
- Extraordinary circumstances (ex. an unusual expenses/situations) will be considered as part of the committee's decision-making process.