

**Disability Application**

**Real Estate  
Elderly and Disabled Taxation Fund  
Fiscal Year 2009**  
(Please Type or Print Legibly)

Name of Owner: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth of Owner: \_\_\_\_\_ Age \_\_\_ Date of Birth of Spouse \_\_\_\_\_ Age \_\_\_

Marital Status

Number of People in Household

- Single
- Married
- Divorced
- Widow/Widower

1  2  3  4  5 or more

Residents of the property other than owner(s):

<u>Relationship to the owner(s)</u>	<u>Names</u>	<u>Ages</u>	<u>Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income of the Household

- Wages & Salaries \_\_\_\_\_
- Social Security Disability Income \_\_\_\_\_
- Private Pensions \_\_\_\_\_
- Other Income \_\_\_\_\_
- Total Annual Income \$ \_\_\_\_\_

Assets:

- List all properties owned and value \_\_\_\_\_
- Savings Account \_\_\_\_\_
- Checking Account \_\_\_\_\_
- Investments: CD, Stocks, Bonds, etc. \_\_\_\_\_
- I.R.A. \_\_\_\_\_
- 401K \_\_\_\_\_
- Other \_\_\_\_\_

Total Value of All Assets \$ \_\_\_\_\_

Vehicle(s) Owned:

	<u>Model</u>	<u>Make</u>	<u>Year</u>	<u>Value</u>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Please list any extenuating circumstances, which may assist the Committee in their decision process.

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Signature:

Date:

Under the pains and penalties of perjury I declare that to the best of my knowledge and belief this and all accompanying documents are true and correct and complete.

### **Rules and Regulations**

- Residency Requirement (Must be a resident of Revere)
- No Rental Income (If you receive rental income, do not apply)
- Income Level – Maximum annual income not to exceed 20,000 in total per single owner and \$40,000 for joint owner
- All Real Estate Taxes and Water & Sewer bills must be paid up-to-date at the time of the award
- Applications are available on May 28, 2009 in the Treasurer's Office only (2<sup>nd</sup> floor City Hall)
- Applications may be picked up at Treasurer's Office
- Application is good for one year only. Applicants are required to reapply on an annual basis
- Awards will be presented to the most needy as decided by the Elderly and Disabled Taxation Fund Committee
- Applications must be returned to the Treasurer's Office on or before June 26, 2009

If you have any questions, please contact George M. Anzuoni at 781-286-8136.