



**TOWN OF SEEKONK
ELDERLY AND DISABLED TAXATION AID FUND COMMITTEE
100 Peck Street, Seekonk, MA 02771**

**Organized according to Massachusetts General Law Chapter 60, Section 3D
and approved at Town Meeting November 27, 2006**

**Application Guidelines: Definitions and Eligibility
For Fiscal Year 2026**

INCOME

There are criteria that must be met to be eligible. First and foremost, an applicant must demonstrate low income as defined by an annual combined household income of \$63,450 or less (300% of the 2025 Federal Poverty Guideline for a family of 2-\$21,150). Applicants will be required to complete a financial and income and expense statement as part of the application process.

Meeting the income criteria does not automatically guarantee an award. In addition to qualifying on the basis of income, an applicant must meet other criteria and also be either elderly and/or disabled.

ELDERLY

To qualify as elderly, the applicant must be 60 years of age or older as of July 1, 2025.

DISABLED

Every applicant applying on the basis of a disability shall provide the committee with as much information as possible supporting that disability. Each disability case will be evaluated on its own merits and on a case by case basis. Determination of disability eligibility is at the sole discretion of the committee.

RESIDENCY

Applicant must have owned and occupied the real estate in Seekonk as his or her primary domicile for at least five years prior to application deadline.

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 a 50% beneficiary of the trust in order to qualify.

ASSETS

Domicile must be assessed at or below the median assessed value for the prior tax year for residential property type owned by applicant, (e.g. single family median assessment for property that is a single family residence, multi-family median assessment for property that is a multi-family residence, etc.).



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ASSETS continued

The value of personal property and other real estate, excluding domicile, including second homes or other real estate, cars, boats, jewelry, fur coats, antiques, paintings, securities such as stocks, bonds, mutual funds, brokerage accounts, CDs, IRAs, savings and checking accounts, pension and annuity funds, and any other tangible liquid assets will be considered in determining eligibility and aid amount.

OTHER

Extraordinary circumstances (e.g. an unusual expense burden) will be considered in the Committee's deliberations and the decision process. This will provide the Committee with flexibility to address unforeseen situations.

Preference will be given to applicants who demonstrate the greatest need and who do not qualify for any other existing exemption or deferral program administered by Seekonk's assessing department.

The award shall not exceed the taxpayer's real estate tax liability as of 12/1/2025. This is to avoid a credit payment to the taxpayer.

SCHEDULE

Fiscal Year 2026: July 1, 2025 to June 30, 2026

Applications will be available on July 1, 2025.

Applications are due October 1, 2025.

Final awards decision will be made by December 31, 2025.

Awards will be applied towards the tax bill by the third quarter, 2/2/2026, or fourth quarter, 5/1/2026, of Fiscal Year 2026.

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**FISCAL YEAR 2026
ELDERLY AND DISABLED TAXATION AID FUND APPLICATION**

**Organized according to Massachusetts General Law Chapter 60, Section 3D
Approved at Town Meeting November 27, 2006**

In order to be considered, the entire application must be completed, signed and include all proper documentation attached

Date received _____ Application Number _____

Applications must be filed with the Assessor's Office on or before October 1, 2025

A. IDENTIFICATION

Name of applicant _____

Telephone number _____ U.S. Citizen Yes or No _____

Marital status _____ Occupation _____

Legal residence _____

Mailing address (if different from above) _____

Location of assessed property _____ Date you purchased property _____

Is this your primary residence? Yes ___ No ___ If so, how many years have you lived here? _____

___ Sole owner? ___ Co-owner with spouse only? ___ Co-owner with others?

Is this property in trust? Yes ___ No ___ If yes, attach trust instrument including all schedules.

Have you been awarded any other exemptions from the Assessor's Office? Yes ___ No ___
If so, which exemptions _____

If you qualified for the Senior Circuit Breaker credit on your state income tax return, what was the credit amount? _____

B. BASIS OF AID REQUEST

Your date of birth _____ Age _____ (Attach copy of driver's license, photo ID, or birth certificate)

Co-owner's date of birth _____ Age _____ (Attach copy of driver's license, photo ID, or birth certificate)

Age and relationship of other adult resident(s) in household, use a separate sheet if necessary

Estimated combined household income from all sources for the current calendar year: \$ _____

Kindly provide a detailed description of any physical or mental illness, disability or impairment.

C. EMPLOYMENT (Not required for applicants 65 and older)

Are you able to work? Yes ___ No ___ If no, your physician's letter **must** confirm this status.

If unemployed, indicate date of your last employment _____

INSTRUCTIONS FOR COMPLETING FINANCIAL SECTION OF APPLICATION

1. Please write legibly.
2. Household income and expenses should be stated in ANNUAL terms. This may require estimates.
3. Assessed value is the value of your home as determined by the Seekonk Assessor. It is listed on your tax bill.

D. FINANCIAL STATEMENT Complete this section fully. **Copies of all 2024 Federal and State Income Tax Returns are required including Returns using other tax identification numbers.** Other documentation may be requested to verify your income and assets.

ASSETS		LIABILITIES	
REAL ESTATE		Mortgage #1 – outstanding balance	\$ _____
Assessed Value Residence	\$ _____	Mortgage #2 – outstanding balance	\$ _____
Assessed Value Other Real Estate	\$ _____		
OTHER ASSETS		Car loan balance	\$ _____
Motor Vehicles		Car loan balance	\$ _____
Year/Make/Model	Market Value		
#1 _____	\$ _____	OTHER OUTSTANDING DEBTS	
#2 _____	\$ _____	Personal loans	\$ _____
			\$ _____
	Average Balance		\$ _____
Checking	\$ _____	Credit cards	\$ _____
Savings	\$ _____		\$ _____
Brokerage Accounts	\$ _____		\$ _____
CD's	\$ _____		\$ _____
IRA's	\$ _____		\$ _____
Mutual Funds	\$ _____		\$ _____
401K's	\$ _____		
Trust Funds	\$ _____		
Other (please specify)	\$ _____		
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____

ANNUAL HOUSEHOLD INCOME (Please do not list monthly income)		AVERAGE ANNUAL HOUSEHOLD EXPENSES (Please do not list monthly expenses)	
Salary/wages	\$ _____	Mortgage principal and interest	\$ _____
Unemployment compensation	\$ _____	Real estate taxes	\$ _____
Social Security	\$ _____	Food	\$ _____
Pension	\$ _____	Clothing	\$ _____
Public Assistance		Life insurance	\$ _____
AFDC	\$ _____	Health insurance(out of pocket)	\$ _____
Food stamps	\$ _____	Prescription drugs (out of pocket)	\$ _____
Fuel assistance	\$ _____	Other medical (out of pocket)	\$ _____
Disability	\$ _____	Dental (out of pocket)	\$ _____
Other	\$ _____	Electricity	\$ _____
Rental income	\$ _____	Natural/propane gas	\$ _____
Business income	\$ _____	Heating fuel	\$ _____
Interest/dividends	\$ _____	Telephone	\$ _____
Family assistance	\$ _____	Car loans	\$ _____
Reverse Mortgage income	\$ _____	Credit cards	\$ _____
Other (specify) _____	\$ _____	Personal loans	\$ _____
_____	\$ _____	Auto insurance	\$ _____
_____	\$ _____	Homeowners insurance	\$ _____
		Other (specify) _____	\$ _____
		_____	\$ _____
TOTAL ANNUAL INCOME	\$ _____	TOTAL ANNUAL EXPENSES	\$ _____

Use this space for any comments you feel the committee should be aware of:

E. DOCUMENTATION Please check ☐ documentation supplied (**COPIES ONLY PLEASE!**)

Must supply ☐ Driver's license(s) or birth certificate(s)
If applicable ☐ Trust instrument
If applicable ☐ Physician's letter
Must supply ☐ 2024 Federal & State Tax Returns including all schedules
☐ **OR** I/we attest I/we am/are not required to file a Federal & State Tax Returns

This application has been prepared or examined by me. I/we declare that to the best of my/our knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

Signature

Date

Signature

Date

Notes: 1. If signed by an agent, attach a copy of the written authorization on behalf of the taxpayer.

2. If you would like assistance in completing this application, contact the Assessor's Office or Human Services Department.

TAXPAYER INFORMATION ABOUT ELDERLY AND DISABLED ASSISTANCE

WHO MAY FILE AN APPLICATION.

You may file an application if you owned and occupied the property and meet all qualifications and eligibility requirements (outlined in the Application Guidelines) as of the 1st of July 2025. You must be 60 years or older and have a combined annual household income of less than \$63,450 and/or have a disability and combined household income of less than \$63,450 per year. The property must be your primary domicile. Minimum Seekonk residency requirement is five years.

WHEN AND WHERE THE APPLICATION IS TO BE FILED.

Applications may be obtained from the Treasurer's Office, the Assessor's Office, or the Human Services Department. **Applications must be filed with the Assessor's Office, 100 Peck Street, by October 1, 2025.**

PAYMENT OF TAX.

Filing an application does not stay the collection of your taxes. Failure to pay the tax when it is due may subject you to interest charges and collection action. To avoid any additional charges, you should pay the tax as assessed. Awards will be applied against the 3rd or 4th quarter tax. A Town check will be drawn and presented to the Tax Collector with a list of taxpayer accounts to credit.

COMMITTEE'S DISPOSITION.

Upon applying for tax assistance, you may be required to provide the Committee with further information and supporting documentation. All information supplied to this committee is held in the strictest confidence. You will be notified in writing no later than December 31, 2025 whether your request for assistance has been granted or denied. All Committee decisions are final.

NOTE: Even if you received an award last year, you **MUST** reapply each year to be considered.