

**TOWN OF DEDHAM**  
**Elderly and Disabled Tax Aid Fund**  
**FY2023 Taxation Aid Application**

Date	_____
Name(s)	_____
Marital Status	_____
Mailing Address	_____
Parcel ID (Found on Tax Bill)	_____
Email Address	_____
Telephone	_____
Are you 60 years or older?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date of Birth (MM/DD/YYYY)	_____
Applying as (check one or both)	ELDERLY <input type="checkbox"/> DISABLED <input type="checkbox"/>
If disabled, what is the nature of your disability?	_____
Disability (Please check one)	PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
Disability (Please check one)	FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/>
Have you participated in this program before?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Property Address	_____
Type of Property	SINGLE FAMILY <input type="checkbox"/> MULTI FAMILY <input type="checkbox"/>
Do own this property and pay taxes on it?	YES <input type="checkbox"/> NO <input type="checkbox"/>
How many years have you owned this particular home in Dedham?	_____
How long have you lived in Dedham?	_____
Is your house in a trust? *If yes, please provide a copy of the trust document)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is this house your principal residence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you own other real estate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please indicate the Assessed Value and address where the property is located	Assessed Value: Address: _____
Have you received any other tax relief from the Town of Dedham?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain	_____
Total number of people in household	_____
Gross household income	_____

[PLEASE CONTINUE APPLICATION ON PAGE 2]

**ADDITIONAL DOCUMENTATION:** Attach a complete copy of your last filed Federal Income Tax Return with this application and a copy of the tax return of any other household members residing at this address.

Please list out the value of liquid tangible assets for all household members, including stocks, bonds, mutual funds, CDs, IRAs, savings and Checking Accounts (include copies of all accounts):

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Additional pertinent information that would like to provide:

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**COMPLETED FORMS DUE TO THE ASSESSOR'S OFFICE ON OR BEFORE 11/1/2022.**

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Disposition of Application – For Committee Use Only

Date Voted	
Documentation Complete	YES <input type="checkbox"/> NO <input type="checkbox"/>
Award	
Granted or Denied	GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/>
Notice Sent (Date)	

Taxation Committee Signatures:

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