INAUGURAL TARGETED TAX RELIEF APPLICATION
CITY OF SPRINGFIELD, MA – ELDERLY AND DISABLED TAXATION AID FUND
FISCAL YEAR 2027
APPLICATION DEADLINE: NOVEMBER 13, 2026
413-736-3111

The City of Springfield has adopted a state law under M.G.L. c. 60, § 3D that allows taxpayers to voluntarily donate money towards a fund designated to defray the real estate taxes of elderly or disabled persons of low income who meet the parameters set forth by the committee.

Application Guidelines: Definition and Eligibility

Ownership/Occupancy

An applicant must own and occupy the property in Springfield for no less than two years. If the home is held in a trust, applicants in a trust must be a trustee and have beneficial interest.

Elderly or Disabled

To qualify as elderly, at least one legal owner must be 65 years or older.
To qualify as disabled, applicant can be of any age. "Disabled" is defined as a person who is currently receiving benefits from one or more of the following programs due to a determination of a disability:

- Social Security Administration
- SSI or Medicaid
- Veterans Administration
- Worker's Compensation
- Any other such program/agency providing public/financial assistance due to disability

Income

Total annual gross income of applicant(s), including Social Security, must be less than $45,000 if single, or less than $60,000 if married.

Assets

Assets include but are not limited to the amount of money in all bank accounts, the value of stocks, bonds, securities, certificates, and all other real estate owned by the applicant. The domicile (primary residence) and ERISA retirement accounts are exempt from consideration. Assets must be less than $45,000 if single, or less than $60,000 if married.

Other

The award shall not exceed the taxpayer's real estate liability in any given year. The committee will make decisions related to the distribution of funds by December 31st of the applicable fiscal year. If taxation assistance is awarded, it will be applied to the current fiscal year bill for the 4th quarter, and the applicant will be notified in writing via USPS. The committee will determine the award amount annually.

To be considered, the entire application must be completed, signed, and all proper documentation must be included and received by close of business on NOVEMBER 13, 2026.

Documentation Checklist	1. Proof of age (birth certificate, driver's license, passport) OR 2. Proof of disability (documentation from a government-sponsored program). 3. Copies of most recent statements (i.e. bank statements) 4. Proof of income (social security, wages, pension, rental income, any other income). 5. Copy of most recent state and federal income tax filings. 6. Trust documents (if property is held in trust).

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Date Received_____ Application Number_____

A IDENTIFICATION	1. Name of Record Owner_____ 2. Applicant Name_____ 3. Mailing Address _____ 4. Street Address of Property_____ 5. Parcel ID _____ 6. Telephone No._____ 6. Date of Birth_____ 7. Marital Status_____ 7. Are you over age 65? Yes____ No____ 8. Are you disabled? Yes____ No____ a. Nature of disability_____ b. Permanent / Temporary (circle one) c. Full / Partial (circle one) 9. Is the property held in trust? Yes ____ No ____
B INCOME	10. Wages/Salary (W-2 or 1099 Earnings) $_____ 11. Social Security Income $_____ 12. Retirement (Pension Income) $ _____ 13. Workers Comp/Unemployment $_____ 14. Disability Income (SSI) $_____ 15. Interest/Dividends $_____ 16. Other Income (Rent, Trust, IRA, etc.) $_____ 17. All Other (specify_____) $_____ 18. **Total Gross Income** $_____ 19. Did you file state or federal taxes for 2025? Yes_____ No_____ **If yes, you must attach copies of your tax documents with application.** If no, why were you not required (ex. Income threshold too low, or otherwise) _____
C ASSETS	20. Savings/Checking/Money Market $ _____ 21. CD's, Annuities $ _____ 22. Stocks/Bonds/Securities $ _____ 23. Mutual Funds, REITs $ _____ 24. Real Estate (other than domicile) $ _____ 25. Other Investments (specify_____) $ _____ 26. Total Estimated Assets $_____

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D SIGN HERE	SIGN HERE TO COMPLETE THE APPLICATION – YOU MUST SIGN THE APPLICATION *This application has been prepared and 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.* _____ _____ Your Signature Date *By requesting consideration for tax relief, I hereby authorize the City of Springfield Taxation Aid Committee to make any and all inquiries to any party regarding any bank account, whether held in my name individually, as a trustee or agent, against which I have the power to draw, whether or not my name appears.* _____ _____ Your Signature Date

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES. YOUR TAXES ARE STILL DUE AND MUST BE PAID ON TIME. ALL DECISIONS BY THE COMMITTEE ARE FINAL AND NOT SUBJECT TO APPEAL.

Return this form to:

Assessors' Office, Room 009
Springfield City Hall
36 Court Street
Springfield, MA 01103

DISPOSITION OF APPLICATION – FOR COMMITTEE USE ONLY

Documentation Complete: Yes____ No ____
Granted_____ Denied_____
Date Voted _____ Award $_____
Notice Sent _____

Taxation Committee Signatures

_____ _____
_____ _____
_____