HANOVER MA TAXATION AID COMMITTEE
ELDERLY AND DISABLED FUND

The Hanover Taxation Aid Fund was created in accordance with General Law, Chapter 60, Section 3D, which allows the Town to establish a fund to defray the real estate taxes of low income elderly and disabled persons. The fund was authorized by vote of Annual Town Meeting, May 4, 1999, Article 13 (acceptance of Massachusetts General Law Chapter 60, Section 3D).

If you are experiencing financial hardship, you are not alone; the Town of Hanover may be able to help.

MAIL TO:

Hanover Taxation Aid Committee
550 Hanover Street Suite 1
Hanover, MA 02339

The Hanover Taxation Aid Fund was created in 1999 to assist low income elderly and disabled persons with their real estate taxes. The fund consists totally of donations.

To apply for assistance, please send a letter to the above address explaining your disability (if applicable), the nature of your financial hardship, and any unusual circumstances; **along with this signed and dated form.**

If you are in need of additional assistance, please contact the following departments. There are several programs to assist those in need.

- Assessor's Office   781-826-5000 ext. 1076
- Council on Aging   781-924-1921
- Veterans' Agent   781-826-5000 ext. 1038

If you need assistance applying, please contact Tammy at the Council on Aging at 781-924-1913 ext.1102; or the finance director at 781-826-5000 ext. 1037

CERTIFICATION: I certify that the information I have provided in this application is complete and accurate. I understand that all information is subject to verification. I understand that if approved and the Town of Hanover becomes aware of any fraudulent activity related to my application, my assistance will terminate and I will return all funds received to the Town of Hanover within 120 days of notification of termination. I authorize the Town of Hanover to obtain further information as necessary to complete the application process, verify accuracy of any information provided, or require additional information necessary to determine eligibility.

SIGNATURE _____ DATE _____