

T.R.E.A.D.

(Tax Relief for the Elderly and Disabled)



T.R.E.A.D. is a Town Committee that provides financial assistance to elderly and disabled residents of Groton who are struggling to pay their property taxes. Our goal is to help alleviate the burden of property taxes on those who are most vulnerable in our community, and to ensure that they are able to remain in their homes and continue to live independently. By encouraging donations from individuals, businesses, and organizations, we aim to build a sustainable source of funding for this important program and to create a strong, more supportive community for all residents of Groton.

Two Ways to Participate

Donate Today

You can send your tax-deductible donations for the T.R.E.A.D. program to:

Town of Groton

Attn: T.R.E.A.D.

173 Main St.

Groton, MA 01450

For any questions regarding donations, please contact **Hannah Moller, Treasurer/Collector**, hmoller@grotonma.gov, (978) 448-1103.

Apply for Assistance

You can send your application for assistance to:

Town of Groton

Attn: Treasurer's Office

173 Main St.

Groton, MA 01450

Applications have been extended till April 1st, 2024. For any questions or if you need assistance with the application, please contact **Nickole Boardman, COA Outreach Coordinator**, nboardman@grotonma.gov, (978) 448-1170

T.R.E.A.D. Committee Members (as of February 2024):

Resident Members: Charles Vander Linden, Louis Dimola, Pascal Miller

Treasurer/Tax Collector and Chair of the T.R.E.A.D. Committee: Hannah Moller

Chair of the Board of Assessors: Garrett Boles

The T.R.E.A.D. program is authorized by Chapter 60 Section 3D of Massachusetts General Laws and adopted at the Groton Spring 2016 Town Meeting.

T.R.E.A.D. Application Form (FY 2024)

Groton T.R.E.A.D. Committee

173 Main Street
Groton, MA 01450
978-448-1103



ELDERLY AND DISABLED TAX RELIEF FUND APPLICATION FY 2024

Requirements:

- You must be **65** years or older as verified by a government issued photo ID and you qualified for the Senior Circuit Breaker State Tax Credit on your 2023 State Tax Return **OR** you have a state recognized disability
AND
- You must meet income eligibility requirements: Less than **\$43,740** (Single), **\$59,160** (Household size of 2), **\$74,580** (Household size of 3), add **\$15,420** for each additional household member above 3 (Income based on 300% of the Federal Poverty Guidelines for Tax Year 2023)
AND
- Available assets may not exceed **\$100,000** (excluding primary residence)
AND
- The assessed value of your primary residence including the building and land does not exceed the average assessed value of a single family home in Groton during the previous year (**\$644,985** in FY23)

You must pay your property tax bill even if you complete this application.

Applications have been extended to **April 1st, 2024, at the Treasurer's office, 173 Main St, Groton, MA 01450.**

You will be contacted by April 31st, 2024, regarding a decision. If funding will be granted, a reduction will be made on the Fourth Quarter of your property tax bill (Q4 2024). The funds available are based on donations made by residents in any given year.

Date of Application: ____/____/____

Property Owner(s): (Name(s) as appears on your tax bill) _____

Street Address: _____

Home Telephone: _____ Work/Cell Telephone: _____

Are you disabled? Yes No

Do you receive Social Security Disability benefits? Yes No Date benefits started: _____

Have you ever applied for or received any exemption for your tax bill? Yes No

If yes, please list when: _____

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Please complete the following charts for ALL those who reside at this address including the applicant.

Name	Date of Birth	Retired	Working	Unemployed

NOTE: "Income" includes household Gross Income during the preceding calendar year. List gross income received from all sources for applicant, spouse, any co-owner and any other member of household.

Type of Income (Annual)	Primary	Spouse	Other Household Members
Employment: Wages, Salary, Tips			
Interest/Dividend Income			
Public Assistance (SNAP, Fuel Assistance, etc.)			
Social Security			
SSI/SSID			
Unemployment			
Pension			
VA Benefits			
Alimony/Child Support			
Property Tax Work Off			
Rental Income			
Capital Gain			
Business Income			
Winnings			
Others:			
TOTAL:			

Total Household Yearly Income: \$ _____

Please list other assets. For example: checking, savings 401(k) plans, stocks, certificates of deposit, and other real estate owned for all the members for your household.

Asset Type	Current Value
Primary Residence Assessed Value (Building and Land)	
Other Real Property (excluding primary residence)	
Checking and Savings and CDs	
IRAs, 401(k), 403(b), retirement accounts, etc.	
Annuities	
Brokerage Accounts	
Vehicles (Cars, Motorcycles, Boats, etc.)	
Others:	

Total Assets: \$ _____

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If you or your spouse was a senior 65 years or older (by December 31 of last year), did you receive the **Massachusetts Senior Circuit Breaker Income Tax Credit** for calendar year 2023? Yes ___ No ___.

Amount from 2023 Massachusetts State Income Tax Return: **Form 1 Line 44:** \$_____.

If NO, STOP. THIS PROGRAM REQUIRES THAT THE SENIOR OWNER HAD TO HAVE RECEIVED THE FULL MASSACHUSETTS Senior Circuit Breaker Credit for the past year (\$2,590 for tax year 2023).

List your monthly expenses for all members of your household:

Monthly Household Expenses	Amount (\$)
Mortgage	
Home Insurance	
Electric	
Gas	
Heating Oil	
Water/Sewer	
Cable/Internet	
Phone(s)	
Medical (Insurance and other expenses)	
Prescriptions	
Property Taxes	
Automobiles (gas, loan, insurance)	
Food	
Clothing	
Others:	

Total Estimated Monthly Expenses: \$_____

Other Information

If you would like to provide any additional comments on why you are seeking assistance with your tax bill, please include a brief description of your situation below (attach additional sheets if necessary).

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Required Documentation

The following documents are required with the application:

- Copy of your most recently filed Federal and State Tax Return
- If you receive Federal Fuel Assistance, please include a copy of the most recent approval letter from the Federal Fuel Assistance Program

I Declare, under the pains and penalties of perjury, that all of the information provided in this application is true and correct. I acknowledge that there is no appeal from any eligibility decision made for this program.

Signature: _____ Date: _____

For office use only:

Application date received: _____

Class: Senior or disabled

Federal and State 2023 tax returns received and reviewed: Yes No

Total Income (2023 Form 1040, Line 9): \$ _____

Senior Circuit Breaker Credit: (2023 MA Form 1, Line 44): \$ _____

Proof of Federal Fuel Assistance Received: Yes No

Applicant qualifies: Yes No (If no, reason for rejection: _____)

Award Granted: Yes No Date: _____ Amount: \$ _____

Notice Sent to applicant: Date: _____