

**THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION**  
**Application for Real Estate Tax Relief**  
**For Fiscal Year 2025**

**Leverett Tax Relief Committee**

**Return to: Board of Assessors, Leverett Town Hall 548-4945**  
**9 Montague Road, PO Box 300 - Leverett, MA 01054**

**Return as soon as possible and before April 1, 2025 for a spring award.**

**Minimum Eligibility Requirements:**

Are you at least 60 years of age as of July 1, 2024, or disabled (any age) Yes \_\_\_\_\_

Definition of Disabled (See program regulations)

Do you Own and currently Reside at the property for which tax relief is requested for at least five years? Yes \_\_\_\_\_

Have you resided at this property for at least the past five years? Yes \_\_\_\_\_

Is your Maximum income: \$32,328(single); \$48,491(married) Yes \_\_\_\_\_

Are your Maximum assets: \$64,651(single); \$88,897(married) (include bank accounts, stocks, bonds, etc) Yes \_\_\_\_\_

Owner(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Location \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ mailing address if different from location \_\_\_\_\_

**Do you own property *in addition* to above? If so, list location & value.**

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**HOUSEHOLD GROSS annual income from ALL sources for all owners of property and members of the household 18 years and older, (Enter TOTAL from Page 2)**

\$ \_\_\_\_\_

MUST include most recent Federal/State Tax Return(s) for each member of household.

If you or other members of the household are not required to file federal or state income tax returns,  
Please initial this box  and attach a copy of Form SSA-1099 - Social Security Benefit Statement

**ASSETS of ALL property owners (excluding residence):** bank/brokerage accounts, stocks, bonds, IRAs etc

\$ \_\_\_\_\_ (Enter Total from page 2)

**List any federal/state assistance programs you qualify for** (Circuit Breaker/fuel assistance/SNAP/Medicaid/Mass health or other):

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**Additional information you want Tax Relief Committee to consider in determining your eligibility for tax relief.**  
**(Attach new sheet)**

**I swear under penalty of perjury, the above information is true:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date