

**FISCAL YEAR 2012 SENIOR TAX ABATEMENT PROGRAM APPLICATION**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Eligibility Requirements**

Are you over the Age of 60 Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Homeowner or Spouse Yes \_\_\_\_\_ No \_\_\_\_\_

Do you occupy the property for 12 months out of the year Yes \_\_\_\_\_ No \_\_\_\_\_

Do you or your spouse own other property Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a current Town of Lancaster employee Yes \_\_\_\_\_ No \_\_\_\_\_

Can you produce a copy of your current Tax Bill Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please enclose it with this application)

**Financial Information:**

Retirement benefits (S.S., railroad, federal, State) \$ \_\_\_\_\_

Other Pensions/401K, 403B, 457 assets \$ \_\_\_\_\_

Wages, Salaries, and other compensation \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

Assistance from other programs \$ \_\_\_\_\_

(Copy of tax forms, W2, and other supporting documentation should be submitted with this application)

**Other Information:**

**(To be answered on a separate sheet and attached to you application)**

Please discuss any unusual expense that affects your ability to meet living cost?

Do you have any particular skills?

Do you have any medical restrictions that could impact your working assignment?

Signature \_\_\_\_\_ Date \_\_\_\_\_