

Town of Sherborn - Tax Aid Application - FY26

Must be filed by August 31, 2025 AND/OR February 28, 2026

Instructions: Complete all Sections. All Information will be held in strict confidence.

A. IDENTIFICATION

Name of applicant _____ Tel No: () _____

Legal residence on January 1, 2025 _____

Mailing address (if different) _____

Location of property _____

Parcel number (from tax bill) Map: _____ Parcel: _____

Social Security number _____ Date of Birth _____

Date began residence in Sherborn _____

Yes No

Did you own the property on July 1st of 2025? _____

If yes, were you:

Sole owner

Co-owner with spouse only

Co-owner with other, Identify _____

Was the property subject to a trust as of July 1, 2025? _____

If Yes, attach a copy of the Trust and list of beneficiaries

Have you applied or do you intend to apply for any other real estate tax relief this year? _____

If Yes, please list

Have you received a real estate tax exemption for the property any of the past 5 years? _____

If Yes, please list the year and type of exemption you received.

Are you disabled? Yes _____ No _____ If so, please attach a recent letter from your doctor identifying the disability.

B. RESIDENT INFORMATION

Please complete the following for all those who reside at this address

Name/Employer	Yearly Income	SS No.	Age	Date of Birth	Retired	Working	Unemployed
Example: Alice Smith	\$10,000	012-34-5678	65	10/8/55	X		

C. ANNUAL INCOME - Calendar year 2025

	Applicant	Spouse	Other Co-owners and Contributors
Social security benefits			
VA benefits			
Pensions			
Wages & Salaries			
Interest and dividends			
Non-taxable income			
Trust income			
Unemployment/disability income			
Alimony			
Assistance from your family, relatives or other			
Assistance from organizations or other			
Other (Rent, capital gains, etc.)			
 Total annual income - Calendar year 2025			

D. ANNUAL EXPENSES Calendar year 2025

	Applicant	Spouse	Other Co-owners and Contributors
Mortgage			
Federal taxes			
State Taxes			
Real estate taxes			
Electric/Gas/Fuel Oil			
House maintenance and repairs			
Cable			
Medical			
Prescriptions			
Clothing			
Food			
Phone			
Entertainment			
Automobile (Gas, repairs)			
Insurance			
Life			
House			
Auto			
Medical			
Other			
Other expenses			
 Total annual expenses Calendar year 2025			

D. CHANGES IN INCOME OR EXPENSESHas there been a significant change in your income or expenses since **July 1, 2025?**Yes? No?

If yes, please describe the change.

Market values							
		Location:	Assessed	Mortgage	Owned by Applicant	Owned by Spouse	Owned by other Co-owners and Contributors
			Value	Balance			
Real estate	Parcel 1		\$	\$	\$	\$	
	Parcel 2						
	Parcel 3						
Bank accounts	Name & address of bank						
1.			\$	\$	\$		
2.							
3.							
(attach list if more space required)							
Stocks, bonds, etc.							
Name			\$	\$	\$		
(attach list if more space required)							
Motor vehicles							
Year	Make	Model					
			\$	\$	\$		
Other personal property							
Description			\$	\$	\$		
(attach list if more space required)							
Total fair market value of assets			\$	\$	\$		

F. SIGNATURE

This application has been prepared or 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 _____

Spouses signature

Date _____

Other Co-owners or contributors

Date _____

Date _____

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