

Ashby Property Tax Work-off Program Application:

Information is confidential and only to be used by the Tax Work-off Committee and the Board of Assessors.

Name of Applicant	
Telephone	
Social Security #	Marital Status
Legal Residence on July 1	
Have you owned and occupied the property as your domicile for at least one year ____ Yes ____ No	
Mailing Address (if different)	
Date of Birth (attach copy of birth certificate)	
Gross Receipts <small>(Copies of your federal and state income tax returns may be requested to verify your income)</small>	
Retirement Benefits	
Other Pensions and Retirement Allowances	
Wages, Salaries and other Compensation	
Net Profits from Business or Profession	
Interest and Dividends	
Other Receipts (Rent, Capital Gains, etc)	
TOTALS	
Please list any unusual circumstances or expenses that affect your ability to meet tax bills:	
Please list your experience and skills that might qualify you as a participant in the program:	
Signature	
Office use only: _____ Granted _____ Denied	