



Tax Relief for the Elderly and Disabled
(TREAD)

Fiscal Year Application 2026

CONFIDENTIAL – NOT OPEN FOR PUBLIC INSPECTION

Owner(s) of Record _____ Age _____ Disabled ☐
_____ Age _____ Disabled ☐

Phone # _____ Email _____

Someone from the committee may contact if there are additional questions.

Other adult residents in household, if any:

_____ Age _____ Relationship _____
_____ Age _____ Relationship _____

Comments:

Property Address _____ Year bought _____

Financial Resources

Assets **Amount as of 12/31/2024** **Comments**

Savings accounts		
CDs		
IRAs		
Stocks, Bonds, Mutual Funds		
Other real estate		
Other assets, please specify		
Other		
Total Assets		

Income **Calendar year 2024** **Monthly** **Annual**

Wages or Salary		
Business Income		
Pension		
Social Security		
Disability		
Interest/dividends		
Retirement Fund Disbursements		
Senior Circuit Breaker Credit		
Other Assistance (e.g.: family)		
Other Income		
Total Income		

Expenses

Monthly

Annual

Property Taxes		
Mortgage		
Utilities (heat, power, phone)		
Home and Car Insurance		
Medical Insurance		
Prescriptions		
Other (please specify)		
Other (please specify)		
Total Expenses		

Public Benefits

Annual Amount Received

SNAP- Monthly amount x 12=	
HEAP/GNEF – Energy Assistance Programs	
STWOP- Senior Tax Work Off Program Participant	
Clause 17D – over 70, surviving spouse or minor child	
Clause 22 10% or greater / Clause 22E 100% (VA)	
Clause 37 - Blind Exemption	
Clause 41A – Tax Deferral 65+	
Clause 41D – Senior Exemption	
CPA Tax Exemption	
TREAD – Tax Relief for the Elderly and Disabled	
Total for 2024	

Tax Exemptions

The following exemptions are available to eligible residents. TREAD applicants must explore their eligibility for the following programs with the Assessor's office.

Program Name	Eligible (Y/N)	Application Submission Date
Clause 17D		
Clause 22		
Clause 22E		
Clause 37		
Clause 41 A		
Clause 41D		
CPA Tax exemption		
Tax Deferral		

A member of the Assessing Department needs to sign off that they have met with the applicant to review their eligibility for the above programs.

Assessor Signature: _____ Date: _____