

SouthCoast Community Foundation Marion Community Fund

Deadline: October 9, 2020

By email to hweeden@southcoastcf.org OR in hard copy to the office of the
SouthCoast Community Foundation
128 Union Street, Suite 403, New Bedford, MA 02740

The SouthCoast Community Foundation is now accepting applications for grants from the Marion Community Fund. All grants will be paid to the Town of Marion – Collectors Office - on behalf of grant recipients and credited toward the grant recipient's tax bill. Any ungranted funds will be returned to the SouthCoast Community Foundation. **Please note the following Income and Asset requirements: Income limit: Single - \$57,000, Head of Household - \$72,000, Married - \$86,000.00.**

1. Complete all sections fully
2. Attach a copy of your 2019 property tax bill
3. Attach a copy of your 2019 Federal Income Tax Return OR

Initial here: _____ I did not file a federal tax return for 2019 because my income level did not require it.

Contact Information	
First Name:	Last Name:
E-mail:	Phone:
Legal Residence:	
Mailing Address (if different):	

Ownership & Domicile	
<i>You must own and occupy the property as your domicile. Your domicile is where your principal and legal home is located. You may have more than one residence, but only one domicile.</i>	
Have you owned and occupied the property for at least 1 year?	
How many consecutive years have you had a domicile in Massachusetts before Jan 1, 2019?	
Is the property held in a life estate?	
Is the property held in a trust?	
a. If the property is held in a trust, are you a trustee or co-trustee of that trust?	
b. Do you have sufficient beneficial interest in the property?	
Total Property Tax in FY19? (Please enclose a copy of your property tax bill)	
Amount received for Property Tax Exemption in FY 19? (NOT including any Funds received from Marion Community Fund)	

Value of Property		
Real Estate:	Assessed Valuation	Amount Due on Mortgage
Domicile:		
All Other:		

Income and Assets			
Gross Receipts from all income producing sources in preceding calendar year:			
	Applicant	Spouse/ Co-Owner(s)	Annual Total
Annual Retirement Benefits (Social Security)			
Annual Other Pensions & Retirement Allowances			
Annual Disability Income			
Annual Child Support			
Annual Wages, Salaries and other Compensation			
Annual Profits from Business or Profession			
Interest and Dividends (<i>If your tax return has greater than \$400.00 in interest and dividends, you must provide schedule B whether on tax return or not.</i>)			
Other Income (i.e. Rent, Capital Gains, etc.)			
Annual Total			

This application has been prepared and/or examined by me. I declare that, to the best of my knowledge and belief, it and all accompanying documents and statements are true, accurate, and complete.

 Signature of Applicant

 Date

For questions about this application, please call Holly Stickles at 508-996-8253 x 202.
Completed Applications must be submitted no later than October 9th, 2020 by 5 PM.