

Assessors' Use Only	
Date Received	
Application No.	
Parcel Id.	

Name of City or Town

Senior Exemption Clause 41C1/2

(Seniors 65 and Older)

FISCAL YEAR _____ APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, § 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

(See General Laws Chapter 59, § 60)

Return to: Board of Assessors

Must be filed with assessors on or before December 15 or 3 months after actual (not preliminary) tax bills are mailed for fiscal year if later.

Exception: Seniors must file by the earlier abatement application deadline if local option Clause 41C1/2 accepted. See Assessors.

INSTRUCTIONS: Complete all sections that apply. If you qualify under more than one category, you will receive the Exemption that provides the greatest amount of assistance. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____

Telephone Number _____ Marital Status _____

Legal Residence (Domicile on July 1, _____) Mailing Address (If different) _____

No. Street City/Town Zip Code _____

Location of Property: _____ No. of Dwelling Units: 1 2 3 4 Other _____

Did you own the property on July 1, _____? Yes No

If yes, were you: Sole Owner Co-owner with Spouse Only Co-owner with Others

Was the property subject to a trust as of July 1, _____? Yes No

If yes,, please attach trust instrument including all schedules.

Have you been granted any exemption in any other city or town (MA or other) for this year? Yes No

If yes,, name of city or town _____ Amounted exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed Tax \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Exempted Tax \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted Tax \$ _____
Income <input type="checkbox"/>	BILL # _____	
Assets <input type="checkbox"/>		Board of Assessors
Date Voted/Deemed Denied _____		
Certificate No. _____		
Date Cert./Notice Sent _____		
Exemption: Clause _____		Date: _____

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

B. DATE OF BIRTH AND PREVIOUS ADDRESSES (if applicable).

SENIOR 70 OR OLDER (65 or older by local option – See Assessors) Date of Birth _____
If first year of application, attach copy of birth certificate.

Have you owned and occupied the property as your domicile for at least 11 years? Yes No
(6 years if local option under Clause 41C1/2 adopted – See Assessors)

If no, list the other properties you owned and/or occupied during the past 11 years (6 years if local option under Clause 41C1/2 adopted – See Assessors.)

Address	Dates	Owned	Occupied
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Continue list on attachment in same format as necessary

GO ON TO SECTION C

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR. Complete this section if you are a senior.
 Copies of your federal and state tax income returns, and other documentation, may be requested to verify your income.

	Applicant & Spouse
Retirement Benefits (Social Security, Railroad, Federal, MA & Political Subdivisions).....	
Other Pensions and Retirement Allowances.....	
Wages, Salaries and other Compensation.....	
Net Profits from Business, Profession or Property Rental.....	
Interest and Dividends.....	
Other Receipts (Capital Gains, Public Assistance, etc.).....	
TOTALS	

D. SIGNATURE. Sign here to complete the application.

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, this return and all accompanying documents and statements are true, correct and complete.

Signature _____ Date _____
 If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.