

HOLDEN

Fiscal Year 20__

BLIND

APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 59, Section 60)

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

INSTRUCTIONS. Complete all sections fully. Please print or type.

A. IDENTIFICATION

Name of Applicant _____

Marital Status _____ Social Security No. (Optional) _____

Legal Residence (Domicile) on July 1, 2001 _____

Mailing Address (If different) _____ Tel. No. _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, 20__? 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, 20__? Yes No

If yes, attach trust document including all schedules.

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

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

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES.

B. EXEMPTION STATUS.

Were you legally blind as of July 1, 20__? Yes No

Are you registered with the Mass. Commission for the Blind? Yes No

If yes, give Certificate Number _____ Date registered _____
(Attach a copy of certificate.)

If no, attach a letter from your doctor indicating status as of July first.

C. 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, it and all accompanying documents and statements are true, correct and complete.

Your Signature

Date

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