

HOLDEN

Fiscal Year 20__

SENIOR 70 AND OLDER 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, 20__ _____

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.

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

OVER

B. EXEMPTION STATUS. Check the status that applies to you and complete the questions that follow.

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 10 years? Yes No

If no, list the other properties you owned and/or occupied during the past 10 years.

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

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR: Copies of your federal and state income tax returns may be requested to verify your income.

	Applicant and Spouse	Co-Owner and Spouse(s)
Retirement Benefits (Social Security, Railroad, Federal, Mass and Political Subdivisions)	_____	_____
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	_____	_____

D. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR. Documentation may be requested to verify your assets.

REAL ESTATE:	Assessed Valuation	Amount Due On Mortgage	VALUE
Domicile _____	_____	_____	_____
All Other _____	_____	_____	_____
PERSONAL ESTATE			
Bank Accounts:			
Name and Address of Bank	Account No.		
_____	_____		_____
_____	_____		_____
_____	_____		_____
Stocks, Bonds, Securities, Etc.			
Description and Amount			

Motor Vehicles and Trailers			
Year	Make	Model	
_____	_____	_____	_____
_____	_____	_____	_____
Other Non-Exempt Personal Property			
Kind	Description		
_____	_____		_____
			TOTAL _____

E. 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.