

THE COMMONWEALTH OF MASSACHUSETTS  
MAYNARD, MA

ASSESSORS USE ONLY			
17	41	42	43
DATE RECEIVED			
APPLICATION NO.			
PARCEL ID.			

**SENIOR 70 AND OLDER – SURVIVING SPOUSE - MINOR**  
**FY \_\_\_\_\_ APPLICATION FOR STATUTORY EXEMPTION**

General Laws Chapter 59, Section 5

Assessors affix label here

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) Tel. No. \_\_\_\_\_

Legal Residence (Domicile) on July 1, \_\_\_\_\_<sup>1</sup> \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Location of Property \_\_\_\_\_ No. of Dwelling Units \_\_\_\_\_

Did you own the property on July 1, \_\_\_\_\_<sup>1</sup>?  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, \_\_\_\_\_<sup>1</sup>?  Yes  No

(If yes, attach trust instrument 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 \$ \_\_\_\_\_

**DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)**

Ownership  GRANTED Assessed Tax \_\_\_\_\_

Occupancy  DENIED Exempted Tax \_\_\_\_\_

Status  DEEMED DENIED Adjusted Tax \_\_\_\_\_

Income BOARD OF ASSESSORS

Assets 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.

1. Enter the beginning of the Fiscal Year for which you are applying (i.e. enter 2004 for FY2005 that starts July 1, 2004 and ends June 30, 2005)

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

**SURVIVING SPOUSE** Deceased Spouse's Name \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Have you remarried?  Yes  No  
 If yes, date of remarriage \_\_\_\_\_

**MINOR WITH PARENT DECEASED** Deceased Parent's Name \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 (If first year of application, attach copy of death certificate.)

Are you a surviving spouse or a minor child of a firefighter or a police officer killed in the line of duty?  
 Yes  No

**IF NO, GO ON TO SECTION D.**

If yes, and this the first year of your application, provide circumstances of death

\_\_\_\_\_  
 \_\_\_\_\_

**GO ON TO SECTION E.**

**PERSON 70 YEARS OLD OR OLDER** Date of Birth \_\_\_\_\_  
 (If first year of application, attach copy of birth certificate.)

Have you owned and occupied the property as your domicile for alt 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"/>

**GO ON TO SECTION C.**

**C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR. Complete this section if you are 70 years old or older. Copies of your federal and state income tax returns may be requested to verify your income.**

	Applicant and Spouse	Co-Owner(s) 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.), .....	_____	_____
<b>TOTALS, .....</b>	_____	_____

**GO ON TO SECTION D.**

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

<b>REAL ESTATE:</b>	<b>Assessed Valuation</b>	<b>Amount due on Mortgage</b>	<b>VALUE</b>
Domicile	_____	_____	_____
Other	_____	_____	_____
<b>PERSONAL ESTATE:</b>			
<b>Bank Accounts: Name and Address of Bank</b>		<b>Account No.</b>	
_____		_____	_____
_____		_____	_____
_____		_____	_____
<b>Stocks, Bonds, Securities, Etc.: Description and Amount</b>			
_____			_____
_____			_____
<b>Motor Vehicles and Trailers</b>			
<b>Year</b>	<b>Make</b>	<b>Model</b>	
_____	_____	_____	_____
_____	_____	_____	_____
<b>Other Non-Exempt Personal Property</b>			
<b>Kind</b>	<b>Descriptions</b>		
_____	_____		_____
_____	_____		_____
<b>TOTAL</b>			_____

GO ON TO SECTION E.

**E. SIGNATURE. Sign here to compete the application.**

This application has been prepared or examined by me. Under the pains of penalties or 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.

## TAXPAYER INFORMATION ABOUT PERSONAL EXEMPTIONS

**PERSONAL EXEMPTIONS.** You may be eligible to reduce all or a portion of the taxes assessed on your domicile if you meet the qualifications for one of the personal exemptions allowed under Massachusetts law. Qualifications vary, but generally relate to age, ownership, residency, disability, income or assets,

You may be eligible for an exemption if you fall into any of these categories:

- Blind
- Veteran with a service connected disability
- Surviving Spouse
- Minor Child of Deceased Parent
- Senior Citizen age 70 or older.

More detailed information about the qualifications for each exemption may be obtained from your Board of Assessors.

**WHO MAY FILE AN APPLICATION.** You may file an application if you meet all qualifications for a personal exemption as of July first. You may also apply if you are the administrator or executor of a person who qualified for a personal exemption on July first.

**WHEN AND WHERE APPLICATION MUST BE FILED.** Your application must be filed with the Board of Assessors by December 15 or 3 months after the actual tax fills were mailed for the fiscal year, whichever is later. **THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, YOU LOSE ALL RIGHTS TO AN EXEMPTION AND THE ASSESSORS CANNOT BY LAW GRANT YOU ONE. AN APPLICATION IS FILED WHEN RECEIVED BY THE ASSESSORS.**

**PAYMENT OF TAX.** Filing an application does not stay the collection of your taxes. In some cases, you must pay the tax when due to appeal the assessors' disposition of your application. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. If an exemption is granted and you have already paid the entire year's tax as exempted, you will receive a refund of any overpayment.

**ASSESSORS DISPOSITION.** Upon applying for an exemption, you may be required to provide the assessors with further information and supporting documentation to establish your eligibility. The assessors have 3 months from the date your application is filed to act on it unless you agree in writing before the period expires to extend it for a specific time. If the assessors do not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether an exemption has been granted or denied.

**APPEAL.** You may appeal the disposition of your application. The disposition notice will provide you with further information about the appeal procedure and deadline.