

ASSESSORS USE ONLY			
17	41	42	43
Date Received			
Application No.			
Parcel ID.			

\_\_\_\_\_  
NAME OF CITY OR TOWN

Fiscal Year \_\_\_\_\_

**SENIOR 70 AND OLDER - SURVIVING SPOUSE - MINOR**  
**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 that apply. Please print or type.

**A. IDENTIFICATION:** (Complete this section fully.)

Name of Applicant \_\_\_\_\_

Marital Status \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(optional)

Legal Residence (Domicile) on July 1, \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_ Tel. No. \_\_\_\_\_

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

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, 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	Date Voted /Deemed Denied _____	BOARD OF ASSESSORS	
_____ Assets	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