

**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 minor child of a firefighter or police officer killed in the line of duty? Yes  No

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

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

**IF NO, 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 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"/>

**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.

REAL ESTATE:	Assessed Valuation	Amount Due On Mortgage	VALUE
Domicile	_____	_____	_____
All Other	_____	_____	_____
<b>PERSONAL ESTATE:</b>			
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		
_____	_____		
		<b>TOTAL</b>	_____

**GO ON TO SECTION E.**

**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.