

ASSESSORS' USE ONLY

SAUGUS

NAME OF CITY OR TOWN

Date Received
Application No.
Parcel I.D.

Fiscal Year _____

FINANCIAL HARDSHIP: ACTIVATED MILITARY — AGE AND INFIRMITY

APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5, Clause 18

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 _____ Social Security No. _____
(optional)

Marital Status _____ Occupation _____

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 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 _____
_____ Financial Condition	Date Voted/Deemed Denied _____	BOARD OF ASSESSORS _____ _____ _____ Date _____
	Certificate No. _____	
	Date Cert./Notice Sent _____	

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