

THE COMMONWEALTH OF MASSACHUSETTS
EAST BRIDGEWATER
FISCAL 2003

ASSESSORS USE ONLY				
17D	22	37A	41C	42&43
DATE RECEIVED:				
PARCEL ID.:				

**SENIOR 70 AND OLDER - SURVIVING SPOUSE - VETERAN - MINOR - BLIND
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. IF YOU QUALIFY UNDER MORE THAN ONE CATEGORY, YOU WILL RECEIVE THE EXEMPTION THAT PROVIDES THE GREATEST AMOUNT OF ASSISTANCE. PLEASE PRINT OR TYPE.

A. IDENTIFICATION: COMPLETE THIS SECTION FULLY

NAME: _____

MARITAL STATUS: _____ TELEPHONE NUMBER: _____

LEGAL RESIDENCE ON JULY 1, 2002: _____

MAILING ADDRESS (IF DIFFERENT): _____

LOCATION OF PROPERTY: _____ NO. OF DWELLING UNITS: _____

DID YOU OWN THE PROPERTY ON JULY 1, 2001? YES _____ NO _____

IF YES, WERE YOU: SOLE OWNER _____ CO-OWNER WITH SPOUSE _____ CO-OWNER WITH OTHERS _____ ?

WAS THE PROPERTY SUBJECT TO A TRUST AS OF JULY 1, 2001? YES _____ NO _____
(IF YES, ATTACH TRUST INSTRUMENT INCLUDING ALL SCHEDULES)

HAVE YOU EVER BEEN GRANTED ANY EXEMPTION IN ANY 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 BILL NUMBER _____

_____ OCCUPANCY _____ DENIED ASSESSED TAX _____

_____ STATUS _____ DEEMED DENIED EXEMPTED TAX _____

_____ INCOME ADJUSTED TAX _____

_____ ASSETS

BOARD OF ASSESSORS

DATE VOTED/DEEMED DENIED _____

CERTIFICATE NO. _____

DATE CERT./NOTICE SENT _____

EXEMPTION: CLAUSE _____ DATE: _____

B. EXEMPTION STATUS: CHECK THE STATUS THAT APPLIES TO YOU AND COMPLETE THE QUESTIONS THAT FOLLOW.

- **BLIND PERSON**
 WERE YOU LEGALLY BLIND AS OF JULY 1, 2001? YES ____ NO ____.
 ARE YOU REGISTERED WITH MASSACHUSETTS COMMISSION FOR THE BLIND YES ____ NO ____.
 IF YES, GIVE CERTIFICATE NUMBER _____ DATE REGISTERED _____
 (ATTACH COPY OF CERTIFICATE)
 _____ IF NO OTHER STATUS APPLIES TO YOU, GO ON TO SECTION E _____

- **VETERAN**
- **VETERAN S'SPOUSE** VETERAN S'NAME _____
- **VETERAN S'SURVIVING SPOUSE/PARENT** DECEASED VETERAN S'NAME _____
 (IF FIRST YEAR OF APPLICATION, PLEASE ATTACH COPY OF DEATH CERTIFICATE)

D DATE ENLISTED/INDUCTED _____ DATE DISCHARGED _____
T TYPE OF DISCHARGE _____ (IF FIRST YEAR OF APPLICATION, ATTACH COPY OF DISCHARGE PAPERS)
N MILITARY DECORATIONS OR AWARDS _____

D DID VETERAN LIVE IN MASSACHUSETTS AT LEAST 6 MONTHS PRIOR TO ENTERING SERVICE? YES ____ NO ____.
I IF NO LIST THE PLACES AND DATES WHERE VETERAN WAS DOMICILED DURING THE LAST 6 YEARS?

ADDRESS	DATES
_____	_____
_____	_____
_____	_____

W WAS THE VETERAN KILLED DURING MILITARY SERVICE? YES ____ NO ____.
I IF YES, DATE OF DEATH _____
I IF YES, AND YOU ARE SURVIVING SPOUSE, HAVE YOU REMARRIED? YES ____ NO ____.
D DOES THE VETERAN HAVE A WAR-SERVICE CONNECTED DISABILITY? YES ____ NO ____.
 (IF YES AND FIRST YEAR OF APPLICATION, ATTACH VETERANS ADMINISTRATION CERTIFICATE OF DISABILITY. IF YES AND EXEMPTION GRANTED PREVIOUSLY, ATTACH CERTIFICATE ONLY IF DISABILITY IS 100% OR HAS CHANGED).

H HAS THE VETERAN ACQUIRED SPECIALLY ADAPTED HOUSING? YES ____ NO ____.
 IS THE VETERAN CAPABLE OF WORKING? YES ____ NO ____.
 IS THE VETERAN A PARAPLEGIC? YES ____ NO ____.
 _____ IF NO OTHER STATUS APPLIES TO YOU, GO ON TO SECTION E _____

- **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 OTHER STATUS APPLIES TO YOU, GO ON TO SECTION D _____

- **PERSON 70 YEARS OLD OR OLDER** DATE OF BIRTH _____
 (IF FIRST YEAR OF APPLICATION, ATTACH COPY OF BIRTH CERTIFICATE)

HAVE YOU OWNED AN 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
_____	_____
_____	_____
_____	_____

GO 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 RECEIVED FROM STOCKS OR BONDS..	_____	_____
OTHER RECEIPTS (RENT, CAPITAL GAINS, ETC).....	_____	_____
LESS SOCIAL SECURITY DEDUCTION.....(ASSESSORS WILL FILL IN).....	_____	_____
TOTALS.....	_____	_____

GO ON TO SECTION D

D. VALUE OF ALL PROPERTY OWNED ON JULY 1, THIS YEAR. COMPLETE THIS SECTION IF YOU ARE A (1) SURVIVING SPOUSE, (2) MINOR CHILD OF A DECEASED PARENT OR (3) 70 YEARS OLD OR OLDER. DOCUMENTATION MAY BE REQUESTED TO VERIFY YOUR ASSETS.

REAL ESTATE:	ASSESSED VALUE	AMOUNT DUE ON MORTGAGE	VALUE
DOMICILE _____ (IF THREE UNITS OR MORE)	_____	_____	_____
OTHER _____	_____	_____	_____

PERSONAL ESTATE:

BANK ACCOUNTS:

NAME AND ADDRESS OF BANK	ACCOUNT NUMBER	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**STOCKS, BONDS, SECURITIES, ETC.
DESCRIPTION AND AMOUNT**

_____	_____
_____	_____

MOTOR VEHICLES AN TRAILERS

YEAR	MAKE	MODEL	
_____	_____	_____	_____
_____	_____	_____	_____

OTHER NON-EXEMPT PERSONAL PROPERTY

KIND	DESCRIPTION	
_____	_____	_____
_____	_____	_____

TOTAL

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.

SIGNATURE

DATE

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 BILLS WERE MAILED FOR THE FISCAL YEAR, WHICHEVER IS LATER. **THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATIONS 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 THAT 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.