

THE COMMONWEALTH OF MASSACHUSETTS

ASSESSORS' USE ONLY
Date Received
Application No.
Parcel ID.

Name of City or Town

SENIOR 65 AND OLDER

FY ____ APPLICATION FOR PROPERTY TAX DEFERRAL

General Laws Chapter 59, Section 5, Clause 41A
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 OF LATER.**

**TAX DEFERRAL AND RECOVERY AGREEMENT (FORM 97-1) MUST ACCOMPANY APPLICATION
UNLESS ALREADY ON FILE AND PERSONS WITH INTEREST IN PROPERTY REMAIN THE SAME.**

INSTRUCTIONS: COMPLETE ALL SECTIONS FULLY. Please print or type.

A. IDENTIFICATION.

Name of Applicant _____ Social Security No. _____
(optional)

Marital Status _____ Date of Birth _____
(If first year of application, attach copy of birth certificate)

Legal Residence (Domicile) on July 1, 20 ____

Mailing Address (If different) _____ Tel. No. _____

Did you own and occupy the property as your domicile on July 1, 20 ____ and for the prior ten years?

Yes No

If no, list the other properties you owned and /or occupied during the past ten years.

<u>Address</u>	<u>Dates</u>	<u>Owned</u>	<u>Occupied</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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 \$ _____

Amount of tax you are seeking to defer this year \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

_____ Ownership	_____ GRANTED	Assessed Tax _____
_____ Occupancy	_____ DENIED	Deferred Tax _____
_____ Age	_____ DEEMED DENIED	Adjusted Tax _____
_____ Income		BOARD OF ASSESSORS
	Date Voted/Deemed Denied _____	_____
	Certificate No. _____	_____
	Date Cert./Notice Sent _____	Date _____

B. PERSONS WITH INTEREST IN PROPERTY.

Did you own the property on July 1, 20__ as
 Sole Owner Co-owner with Spouse Only Co-Owner with Others?
 Was there a mortgage on the property as of July 1, 20__ Yes No
 If yes, Amount due on Mortgage \$ _____
 Name of Mortgagee (s) _____
 Was property subject to a life estate as of July 1, 20____? Yes No
 If yes, Name (s) of Remaindermen (Person (s) receiving property after your death)

 Was property subject to a trust as of July 1, ____? Yes No
 (If yes, attach trust instrument including all schedules.)

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR. 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 form Business or Profession.....	_____	_____
Interest and Dividends.....	_____	_____
Other Receipts (Rent, Capital Gains, etc.).....	_____	_____
Totals.....	_____	_____

D. 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 off on behalf of taxpayer.