

ASSESSORS USE ONLY		
17	42	43
DATE RECEIVED _____		
APPLICATION NO. _____		
PARCEL ID. _____		

THE COMMONWEALTH OF MASSACHUSETTS

NAME OF CITY OR TOWN _____

SURVIVING SPOUSE - MINOR

FY__ 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.

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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) Tel. No. _____
 Legal Residence (Domicile) on July 1, _____
 Mailing Address (If different) _____
 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)

<input type="checkbox"/> Ownership	<input type="checkbox"/> GRANTED	Assessed Tax _____
<input type="checkbox"/> Occupancy	<input type="checkbox"/> DENIED	Exempted Tax _____
<input type="checkbox"/> Status	<input type="checkbox"/> DEEMED DENIED	Adjusted Tax _____
<input type="checkbox"/> Assets	Date Voted/ Deemed Denied _____	BOARD OF ASSESSORS
	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.

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

IF NO, GO ON TO SECTION C.

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

GO ON TO SECTION D.

C. 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	_____	_____	_____
Other	_____	_____	_____
PERSONAL ESTATE:			
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		
_____	_____	_____	_____
		TOTAL	_____

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 on behalf of taxpayer.