

THE COMMONWEALTH OF MASSACHUSETTS
City of Newton
Fiscal Year 2010

Assessor Use Only
MGL Ch 59 § 5 Clause 41C
Date Received:

SENIOR 65 AND OLDER
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 the Board of Assessors on or
before December 15, or 3 months
after the actual (not preliminary) tax bills
are mailed for the fiscal year if later.

A. IDENTIFICATION. Complete section fully. Please print or type.

Name of Applicant _____

Marital Status _____ Social Security No. _____ Date of Birth _____
(optional) (If first year of application, attach copy of birth certificate)

Legal Residence (Domicile) on July 1, 2009? _____

Mailing Address (If different) _____ Tel No. _____

Parcel ID _____ No. of Dwelling Units: [] 1 [] 2 [] 3 [] 4 Other _____

Did you own the property July 1, 2009? _____

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, 2009? _____ (If yes, attach Trust Instrument)

Have you been granted an exemption in any other city or town this year? _____

If yes, name of City or Town _____ Amount Exempted \$ _____

Have you owned and occupied the property for at least 10 years? _____

If no, please list the other properties you owned and/or occupied during the past 10 years?

Table with 5 columns: Address, From, To, Owned, Occupied. Two rows of data with checkboxes.

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)
Ownership GRANTED Assessed Tax
Occupancy DENIED Exempted Tax
Status DEEMED DENIED Adjusted Tax
Income Date Granted/Denied
Assets Certificate No.
Date Cert/Notice Sent
Board of Assessors

B. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR:

Copies of your income tax returns may be requested to verify your income.

	Applicant & Spouse	Co-Owner & Applicant
Retirement Benefits (Social Security, Railroad, Federal, Mass., and Political Subdivisions)		
Other pensions and Retirement Allowances		
Wages, Salaries and other Compensation		
Net Profits from a Business or Profession		
Interest and Dividends		
Other Receipts (Rent, Capital Gains, etc.)		
Totals		

C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.

Documentation may be requested to verify your assets.

Real Estate

	Assessed Valuation	Mortgage Balance	Value
Domicile			
Other			

Motor Vehicles and Trailer

Year	Make	Model	Value

Bank Accounts

Institution Name & Address	Account No	Amount

Stocks, Bonds, Securities, Etc.

Description	Amount

Other Non-Exempt Personal Property

Kind	Description	Value

Total _____

D. SIGNATURE

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

Signature _____ Date

If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.