

Town of Natick
Fiscal Year 20__

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.

INSTRUCTIONS. Complete all sections fully. Please print or type.

A. IDENTIFICATION.

Name of Applicant _____

Marital Status _____

Legal Residence (Domicile) on July 1, 20__? _____

Mailing Address (If different) _____ Tel No. _____

Did you own the property July 1, 20__? _____

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, 20__? _____ (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 \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)		
___ Ownership	___ GRANTED	Assessed Tax _____
___ Occupancy	___ DENIED	Exempted Tax _____
___ Status	___ DEEMED DENIED	Adjusted Tax _____
___ Assets	Date _____	_____
___ Income		_____
Board of Assessors		

Filing this form does not stay the collection of your taxes.

B. EXEMPTION STATUS – Please complete the applicable box.

65 Years Old or Older			
Date of Birth _____			
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?			
Address	From	To	Owned Occupied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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			
	<u>Assessed Value</u>	<u>Mortgage Balance</u>	<u>Value</u>
Domicile	_____	_____	_____
All Other	_____	_____	_____

Motor Vehicles and Trailers			
<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Accounts		
<u>Bank Name</u>	<u>Account #</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stocks, Bonds, Securities, Etc	
<u>Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

<p>List all Other Non-Exempt Personal Property</p> <p style="text-align: right;">Total Value _____</p>
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Total _____

E. 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.

Filing this form does not stay the collection of your taxes.