

ELDERLY PERSONS
G.L. Ch. 59, Sec. 5. C141 C

THE COMMONWEALTH OF MASSACHUSETTS
Town of Holliston

FISCAL YEAR _____

APPLICATION FOR STATUTORY EXEMPTION

MUST BE FILED WITH THE BOARD OF ASSESSORS ON OR BEFORE DECEMBER 15 OR 3 MONTHS AFTER
ACTUAL (not preliminary) TAX BILLS ARE MAILED FOR FISCAL YEAR, IF LATER

BILL #: _____

MAP _____ BLOCK _____ LOT _____

PHONE NO: _____

MARITAL STATUS: _____

DATE OF BIRTH: _____

PROPERTY LOCATION:

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.)

Is such Real Estate occupied by you as your domicile? Yes – No

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 \$ _____

GROSS RECEIPTS FROM ALL SOURCES AS OF **DECEMBER 31, _____**. Copies of your federal and state income tax returns may be requested to verify your income.

	APPLICANT AND SPOUSE	CO-OWNERS AND SPOUSES
Retirement Benefits (Social Security, Railroad, Federal, Mass & Political subdivisions)	\$ _____	\$ _____
Other pensions and retirement allowances	\$ _____	\$ _____
Wages, Salaries and other compensation	\$ _____	\$ _____
Net profits from business or profession	\$ _____	\$ _____
Interest and Dividends	\$ _____	\$ _____
Other Receipts (Rent, Capital Gains, etc.)	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

VALUE OF ALL PROPERTY OWNED ON **JULY 1, _____**. Documentation may be requested to verify assets.

REAL ESTATE:

	Assessed Valuation	Amount due on Mortgage	VALUE
Domicile	_____	_____	_____
Other	_____	_____	_____

FORM CONTINUED ON BACK

PERSONAL ESTATE:

Bank Accounts

ACCOUNTS TO INCLUDE: CHECKING, SAVINGS, STOCKS, BONDS, SECURITIES, IRA, & CD'S ETC.

Name of Bank	Type of account	Account Number	VALUE

Motor Vehicles and Trailers

Year	Make	Model	Value

Other Non-Exempt Personal Property

Kind	Description	VALUE

TOTAL	\$
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FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES.

SIGNATURE: Sign below 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.

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

_____	_____
Your Signature	Date

<input type="checkbox"/> GRANTED	Date Voted/Deemed Denied	Assessed
<input type="checkbox"/> DENIED	Certificate No.	Exempted Tax
DEEMED DENIED	Date Cert./Notice Sent	Adjusted Tax
	Exemption: Clause 41C	

Town of Holliston
Board of Assessors