

**BLIND PERSONS
G.L. CH 59 SEC. 5, CL. 37A**

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**

BILL # _____

MAP _____ LOT _____ BLOCK _____

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 W/ SPOUSE ONLY _____ CO-OWNER W/ 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 \$ _____

Were you legally blind as of **July 1, _____**? Yes – No

Are you registered with Massachusetts Commission for the Blind? Yes – No

If yes, give certificate Number _____ Date Registered _____

(Attach copy of certificate)

If no, attach a letter from your doctor indicating status as of **July 1, _____**?

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF THE TAX.

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.

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 37	

Town of Holliston
Board of Assessors