

Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS

NAME OF CITY OR TOWN

Do not write in this space
Date Application received:

APPLICATION FOR STATUTORY EXEMPTION
Must be filed with the Board of Assessors on or before October 1

Name of record owner(s) _____ Tax Bill No. _____

Name of applicant _____

Location of real estate _____
upon which exemption is claimed _____

Is this property owned and occupied by you as your domicile? _____

Type of property before improvements made (check applicable unit)

Single family house _____

Two family house _____

Three family house _____

Name of person for whom
housing is provided _____ Date of Birth _____

Was this person residing in the property on July first? _____

I _____
(Name of applicant) hereby certify that the alterations and improvements
made to the property described above were made for the purpose of providing housing for a person at least 60 years of age.

Subscribed this day _____ of _____ under penalties of perjury.

Signature of Applicant _____

Post Office Address _____

The filing of this application does not stay the collection of the tax.

FOR ASSESSORS' RECORDS

Notice sent _____ for hearing _____ Hearing held _____ with _____
DATE DATE DATE NAME

EXEMPTION DISALLOWED _____

EXEMPTION ALLOWED \$ _____ on Tax of \$ _____

BOARD OF ASSESSORS

of _____

DATE _____

Abatement Certificate

No. _____

Elderly housing G.L. Ch. 59, S. 5

FISCAL YEAR _____

APPLICANT _____

ADDRESS _____

LOCATION OF PROPERTY _____

NAME OF CITY OF TOWN _____

LINE _____

WARD _____

PAGE _____

PRECINCT _____

ACCOUNT NUMBER _____

THE COMMONWEALTH OF MASSACHUSETTS

**ELDERLY APPLICANT
APPLICATION FOR
STATUTORY EXEMPTION
FROM REAL ESTATE TAX**

Chapter 59, Section 5

Clause 50