

37
Assessor's Use Only
Date Received
Application No.
Parcel ID

CITY OF LOWELL

BLIND
FISCAL YEAR 2016 APPLICATION FOR STATUTORY EXEMPTION
General Laws Chapter 5, Sec. 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 59, Sec. 60)

Return to: Board of Assessors

Must be filed with assessors on or before December
15 or 3 months after actual (not preliminary) tax
bills mailed for fiscal year if later.

INSTRUCTIONS: Complete the following: Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____	
Telephone Number _____	Marital Status _____
Legal Residence (Domicile) on July 1, 2015:	Mailing Address (if different)
No. Street City/Town Zip	
Property Location: _____	No. of Dwelling Units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____
Did you own the property on July 1, 2015? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, were you: Sole Owner <input type="checkbox"/> Co-owner with Spouse Only <input type="checkbox"/> Co-owner with Others <input type="checkbox"/>	
Was the property subject to a trust of July 1, 2015? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please attach trust instrument including all schedules.	
Have you been granted any exemption in any other city or town (MA or other) for this year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, name of city or town _____ Amount exempted? \$ _____	

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed Tax <input type="checkbox"/>
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Exempted Tax <input type="checkbox"/>
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted Tax <input type="checkbox"/>
Income <input type="checkbox"/>		
Assets <input type="checkbox"/>		
Date Voted/Deemed Denied _____		
Certificate No. _____		
Date Cert/Notice Sent _____		
Exemption: Clause _____		Date: _____

FILING THIS FORM DOR NOT STAY THE COLLECTION OF YOUR TAXES
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

EXEMPTION STATUS. Complete the questions that follow.

Were you legally blind as of July 1, 2015? Yes No

Are you registered with Mass. Commision 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.

C. SIGNATURE. Sign here 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, this return and all accompanying documents and statements are true, correct and complete.

Signature

Date

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