

CITY OF LOWELL

Fiscal Year 2010

ASSESSORS USE ONLY	
17 41	42 43
Date Received	
Application No.	
Parcel ID	

SENIOR 70 AND OLDER - SURVIVING SPOUSE - MINOR  
APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 58, Section 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

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

INSTRUCTIONS: Complete all sections that apply. Please print or type.

A. IDENTIFICATION:

Name of Applicant \_\_\_\_\_

Marital Status \_\_\_\_\_ Social Security No. \_\_\_\_\_  
optional

Legal Residence (Domicile) on July 1, 2009 \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_

Location of Property \_\_\_\_\_ No. of Dwelling Units \_\_\_\_\_

Did you own the property on July 1, 2009? Yes  No

If yes, were you Sole Owner  Co-Owner with Spouse Only  Co-Owners with Others

Was the property subject to a trust as of July 1, 2009? 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 \$ \_\_\_\_\_

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

\_\_\_\_\_ Ownership

\_\_\_\_\_ GRANTED

Assessed Tax \_\_\_\_\_

\_\_\_\_\_ Occupancy

\_\_\_\_\_ DENIED

Exempted Tax \_\_\_\_\_

\_\_\_\_\_ Status

\_\_\_\_\_ DEEMED DENIED

Adjusted Tax \_\_\_\_\_

\_\_\_\_\_ Income

Date Voted/Deemed Denied \_\_\_\_\_

BOARD OF ASSESSORS

\_\_\_\_\_ Assets

Certificate No. \_\_\_\_\_

Date Cert./Notice Sent \_\_\_\_\_

Exemption: Clause \_\_\_\_\_

Date \_\_\_\_\_

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

B. EXEMPTION STATUS: Check the status that applies to you and complete the questions that follow.

SURVIVING SPOUSE Deceased Spouse's Name \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Have you remarried? Yes  No   
 If yes, date of remarriage \_\_\_\_\_

MINOR WITH PARENT DECEASED Deceased Parent's Name \_\_\_\_\_  
 Date of Death \_\_\_\_\_

(If first year of application, attach copy of death certificate.)

Are you a surviving spouse or minor child of a firefighter or police officer killed in the line of duty Yes  No

**IF NO, GO ON TO SECTION D.**

If yes, and this is the first year of your application, provide circumstances of death.

**IF NO, GO ON TO SECTION E.**

PERSON 70 YEARS OLD OR OLDER: Date of Birth \_\_\_\_\_

(If first year of application, attach copy of birth certificate.)

Have you owned and occupied the property as your domicile for at least 10 years? Yes  No

If no, list the other properties you owned and/or occupied during the past 10 years.

Address	Dates	Owned	Occupied
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**GO ON TO SECTION C.**

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR: Complete this section if you are 70 years old or older. Copies of your federal and state income taxes may be requested to verify your income.

	Applicant and Spouse	Co-Ower (s) and Spouse(s)
Retirement Benefits (Social Security, Railroad, Federal, Mass. and 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 .....	_____	_____

**GO ON TO SECTION D.**

D. VALUE OF ALL PROPERTY OWNED ON JULY 1 OF THIS YEAR: Documentation may be requested to verify your assets.

REAL ESTATE:	Assessed Valuation	Amount Due On Mortgage	VALUE
Domicile	_____	_____	_____
All Other	_____	_____	_____

**PERSONAL ESTATE:**

Bank Accounts:

Name and Address of Bank	Account No.	VALUE
_____	_____	_____
_____	_____	_____

Stocks, Bonds, Securities, Etc.

Description and Amount	VALUE
_____	_____
_____	_____

Motor Vehicles and Trailers

Year	Make	Model	VALUE
_____	_____	_____	_____
_____	_____	_____	_____

Other Non-Exempt Personal Property

Kind	Description	VALUE
_____	_____	_____
_____	_____	_____

E. 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, it and all accompanying documents and statements are true, correct and complete.

\_\_\_\_\_  
 Your Signature Date  
 If signed by an agent, attach copy of written authorization to sign on behalf of taxpayer.