

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

CITY OF LOWELL

Fiscal Year **2012**

**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, 2011 _____

Mailing Address (if different) _____ Tel. No. (____) _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, 2011? 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, 2011? 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-Owner (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. _____	_____
_____	_____	_____	_____
Stocks, Bonds, Securities, Etc.			
Description and Amount	_____	_____	_____
_____	_____	_____	_____
Motor Vehicles and Trailers			
Year	Make	Model	
_____	_____	_____	_____
Other Non-Exempt Personal Property			
Kind	Description		
_____	_____	_____	_____

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.

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