

ASSESSORS USE ONLY
37
Date Received
Application No.
Parcel ID

**CITY OF LOWELL**  
Fiscal Year **2012**

**BLIND**  
**APPLICATION FOR STATUTORY EXEMPTION**  
General Laws Chapter 59, Section 5

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

**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 fully. Please print or type.

**A. IDENTIFICATION:**

Name of Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(optional)

Legal Residence (Domicile) on July 1, 2011 \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_ 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 \$ \_\_\_\_\_

**B. EXEMPTION STATUS:**

Were you legally blind as of July 1, 2011? Yes  No   
Are you registered with the Mass. 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 first.

**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, 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.**

**DISPOSITION OF APPLICATION (ASSESSORS USE ONLY)**

_____ Ownership	_____ GRANTED	Assessed Tax _____
_____ Occupancy	_____ DENIED	Exempted Tax _____
_____ Status	_____ DEEMED DENIED	Adjusted Tax _____
	Date Voted/Deemed Denied _____	BOARD OF ASSESSORS
	Certificate No. _____	_____
	Date Cert./Notice Sent _____	_____
		Date _____