

ASSESSORS USE ONLY	
	41
Date Received	
Application No.	
Parcel ID	

**CITY OF LOWELL**

Fiscal Year 2021

**SENIOR 70 AND OLDER**

**APPLICATION FOR STATUTORY EXEMPTION**

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

**Must be filed with Board of Assessors annually on or before April 1st**

INSTRUCTIONS: Complete all sections fully. Please print or type.

**A. IDENTIFICATION:**

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

Marital Status \_\_\_\_\_ Email \_\_\_\_\_

Legal Residence (Domicile) on July 1, 2020 \_\_\_\_\_

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

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

Did you own the property on July 1, 2020? 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, 2020? 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:**

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 ye Yes  No

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

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

**C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR: A copy of your most recent **bank statement(s) must be attached** to process this application.**

	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. ....	_____	_____
<b>TOTALS</b> .....	_____	_____

**D. VALUE OF ALL PROPERTY OWNED ON JULY 1 OF THIS YEAR: Documentation **must be attached** to verify your asset before your application can be processed.**

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, atch copy of written authorization to sign on behalf of taxpayer.