

**FY 2015 MEANS TESTED SENIOR EXEMPTION  
TOWN OF SUDBURY**

APPLICATION FOR EXEMPTION General Court of the  
Commonwealth of Massachusetts Chapter 169 Acts of 2012

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

**OWNER/APPLICANT SECTION**

A. Name of Assessed Owner(s): \_\_\_\_\_

B. Date of Birth:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

C. Marital Status:  
\_\_\_\_\_

D. Phone:  
\_\_\_\_\_

E. Legal Residence:

F. Mailing Address if Different:

G. Did you own the property  
identified in § E. above on  
December 31, 2013? \_\_\_\_\_

If yes, were you:

Sole Owner \_\_\_\_\_

Co-owner with spouse only \_\_\_\_\_

Co-owner with other(s) \_\_\_\_\_

H. Was the title to the property held in a trust as of December 31, 2013?  
If yes, please attach all trust instruments including schedules.

**CO-OWNER AGE ELIGIBILITY & RESIDENCY SECTION**

I. Were all co-owners at least 60 years of age on or before December 31, 2013? \_\_\_\_\_

J. If yes, please state the full name and date of birth for all co-owners:

Co-owner 1 Name: \_\_\_\_\_

Co-owner 1 D.O.B \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Co-owner 2 Name: \_\_\_\_\_

Co-owner 2 D.O.B \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Co-owner 3 Name: \_\_\_\_\_

Co-owner 3 D.O.B \_\_\_\_\_/\_\_\_\_/\_\_\_\_

K. Have you or a co-owner  
owned and occupied property  
in Sudbury as your primary  
domicile for at least 10  
consecutive years prior to  
December 31, 2013?  
\_\_\_\_\_

If no, please tell us the years you have  
lived consecutively in Sudbury:

From: \_\_\_\_\_

Through: \_\_\_\_\_

**REQUIRED DOCUMENTATION**

L. The following documentation is required as part of your application and must be submitted by application filing deadline:

- **Pages 1 & 2 of 2013 Federal Income Tax 1040, 1040A, 1040 EZ etc.**
- **2013 Schedule CB Circuit Breaker**
- **Trust documentation (if applicable, see § H. above)**

Please note: Even if you did not file a Massachusetts State Income Tax Return, you must complete, execute and submit a copy of Schedule CB Circuit Breaker 2013.

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**ASSETS/VALUE OF PROPERTY OWNED**

M. Real Estate (List Below)		
	Assessed Value FY 2014	Amount due on Mortgage(s)
Primary Domicile Address:	\$	\$
Other Real Estate Address(es): _____	\$	\$
_____	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

N. Personal Property (List Below)		
Bank Accounts:	Total Value of all bank accounts	\$
Stocks, Bonds, Securities:	Total Value of all stock, bonds, securities	\$
Any other personal property including cash value of whole life insurance policies, retirement accounts:	Total Value of other personal property	\$

**DEBTS/LIABILITIES**

O. Please describe with specificity your debts other than the mortgages listed above, if any:	Amount
	\$
	\$

Signatures

P. **BY SIGNING BELOW I REPRESENT THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED IN THIS APPLICATION AND ALL ACCOMPANYING DOCUMENTS AND STATEMENTS ARE TRUE, ACCURATE AND COMPLETE.** If signed by agent, attach copy of written authorization to sign on behalf of taxpayer. By the execution hereof, any such agent represents to the best of his/her knowledge after due inquiry, that the information contained in this application and all accompanying documents and statements are true, accurate and complete

Signature of Applicant: _____	
Signature of Agent: _____	Date: _____
Print Name: _____	