

17	22	37	41	42&43
Assessors' Use only				
Date Received				
Application No.				
Parcel Id.				

SUDBURY

Name of City or Town

**SENIOR -- SURVIVING SPOUSE OR MINOR -- VETERAN -- BLIND  
FISCAL YEAR 2016 APPLICATION FOR STATUTORY EXEMPTION  
General Laws Chapter 59, § 5**

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

**Return to: Board of Assessors  
278 Old Sudbury Rd.  
Sudbury, MA. 01776  
on or before March 31, 2016**

**INSTRUCTIONS:** Complete all sections that apply. If you qualify under more than one category, you will receive the exemption that provides the greatest amount of assistance. Please print or type.

**A. IDENTIFICATION.** Complete this section fully.

Name of Applicant _____			Marital Status _____		
Telephone Number _____			Mailing Address (If different) _____		
Legal Residence (Domicile) on July 1, <u>2015</u>			_____		
No.	Street	City/Town	Zip Code	_____	
Location of Property: _____			No. of Dwelling Units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____		
Did you own the property on July 1, <u>2015</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, were you: Sole Owner <input type="checkbox"/> Co-owner with Spouse Only <input type="checkbox"/> Co-owner with Others <input type="checkbox"/>					
Was the property subject to a trust as of July 1, <u>2015</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please attach trust instrument including all schedules.					
Have you been granted any exemption in any other city or town (MA or other) for this year? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, name of city or town _____			Amount exempted \$ _____		

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

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed Tax \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Exempted Tax \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted Tax \$ _____
Income <input type="checkbox"/>		
Assets <input type="checkbox"/>		
Date Voted/Deemed Denied _____		
Certificate No. _____		
Date Cert./Notice Sent _____		
Exemption: Clause _____	Date: _____	

Board of Assessors

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

**BLIND PERSON**

Were you legally blind as of July 1, 2015? Yes  No

Are you registered with 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 1.*

IF NO OTHER STATUS APPLIES TO YOU, GO ON TO SECTION E

**VETERAN**

**VETERAN'S SPOUSE**

Veteran's Name \_\_\_\_\_

Was the property the veteran's domicile as of July 1, \_\_\_\_\_?

Yes  No

*If no, where does the veteran reside? \_\_\_\_\_*

**VETERAN'S SURVIVING SPOUSE/ PARENT**

Deceased Veteran's Name \_\_\_\_\_

*If first year of application, attach copy of death certificate.*

*If you are surviving spouse, have you remarried? Yes  No*

Date Enlisted/Inducted \_\_\_\_\_ Date Discharged \_\_\_\_\_

Type of Discharge \_\_\_\_\_ *If first year of application, attach copy of discharge papers.*

Military Decorations or Awards \_\_\_\_\_

Did the veteran live in Massachusetts at least 6 months before entering the service? Yes  No

*If no, list places and dates where the veteran was domiciled during the last 6 years. (2 years if local option adopted - See Assessors)*

Address

Dates

_____	_____
_____	_____
_____	_____

*Continue list on attachment in same format as necessary.*

Was the servicemember killed or presumed killed in a combat zone? Yes  No  *If yes, date of death \_\_\_\_\_*

Was the servicemember's/veteran's death a proximate result of a combat injury or disease? Yes  No

*If yes and first year of application, (1) attach documentation from U.S. Dept. of Veterans Affairs, branch of service or doctor and (2) list above places and dates surviving spouse lived during the last 6 years (2 years if local option adopted - See Assessors)*

Does the veteran have a service-connected disability? Yes  No

*If yes and first year of application, attach Certificate of Disability from U.S. Dept. of Veterans Affairs or branch of service.*

*If yes and exemption granted previously, attach certificate only if disability rating is 100% or has changed.*

Has the veteran acquired "specially adapted housing?" Yes  No

Is the veteran a paraplegic? Yes  No

IF NO OTHER STATUS APPLIES TO YOU, GO ON TO SECTION E

**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 a copy of death certificate.*

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

IF NO, AND NO OTHER STATUS APPLIES TO YOU, GO ON TO SECTION D

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

\_\_\_\_\_  
 \_\_\_\_\_

GO ON TO SECTION E

**SENIOR 70 OR OLDER (65 or older by local option- See Assessors)** 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 11 years? Yes  No   
 (6 years if local option under Clause 41C½ adopted - See Assessors)

*If no, list the other properties you owned and/or occupied during the past 11 years (6 years if local option under Clause 41C½ adopted - See Assessors.)*

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

*Continue list on attachment in same format as necessary.*

GO ON TO SECTION C

**C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR.** Complete this section if you are a senior.  
 Copies of your federal and state tax income returns, and other documentation, may be requested to verify your income.

Please report calendar year 2014 income	Applicant & Spouse	Co-owner(s) & Spouse(s)
Retirement Benefits (Social Security, Railroad, Federal, MA & Political Subdivisions) .....		
Other Pensions and Retirement Allowances.....		
Wages, Salaries and other Compensation .....		
Net Profits from Business, Profession or Property Rental .....		
Interest and Dividends .....		
Other Receipts (Capital Gains, Public Assistance, etc.).....		
TOTALS		

GO ON TO SECTION D

**D. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.** Complete this section if you are a (1) surviving spouse, (2) minor child of a deceased parent, or (3) senior. Documentation may be requested to verify your assets.

<b>Real Estate</b>	Assessed Valuation	Amount Due on Mortgage	Value
Domicile	_____	_____	_____
Other	_____	_____	_____
<b>Personal Estate</b>			
Bank Accounts: Name & Address of Bank	_____	_____	_____
_____	_____	_____	_____
Stocks, Bonds, Securities, etc.: Description & Amount	_____	_____	_____
_____	_____	_____	_____
Motor Vehicles & Trailers: Year, Make & Model	_____	_____	_____
_____	_____	_____	_____
Other Non-exempt Personal Property: Kind & Description	_____	_____	_____
_____	_____	_____	_____
		TOTAL	_____
GO ON TO SECTION E			

**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, this return and all accompanying documents and statements are true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.

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## TAXPAYER INFORMATION ABOUT PERSONAL EXEMPTIONS

**PERSONAL EXEMPTIONS.** You may be eligible to reduce all or a portion of the taxes assessed on your domicile if you meet the qualifications for one of the personal exemptions allowed under Massachusetts law. Qualifications vary, but generally relate to age, ownership, residency, disability, income or assets.

You may be eligible for an exemption if you fall into any of these categories:

- Blind
- Veteran with a service-connected disability
- Surviving spouse
- Minor child of deceased parent
- Senior citizen age 70 and older (65 and older by local option)

More detailed information about the qualifications for each exemption may be obtained from your board of assessors.

**WHO MAY FILE AN APPLICATION.** You may file an application if you meet all qualifications for a personal exemption as of July 1. You may also apply if you are the administrator or executor of a person who qualified for a personal exemption on July 1.

**WHEN AND WHERE APPLICATION MUST BE FILED.** Your application must be filed with the Board of Assessors by December 15 or 3 months after the actual bills were mailed for the fiscal year, whichever is later. An application is filed when (1) received by the assessors on or before the filing deadline, or (2) mailed by United States mail, first class postage prepaid, to the proper address of the assessors, on or before the filing deadline, as shown by a postmark made by the United States Postal Service. **THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, YOU LOSE ALL RIGHTS TO AN EXEMPTION AND THE ASSESSORS CANNOT BY LAW GRANT YOU ONE.**

**PAYMENT OF TAX.** Filing an application does not stay the collection of your taxes. In some cases, you must pay the tax when due to appeal the assessors' disposition of your application. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. If an exemption is granted and you have already paid the entire year's tax as exempted, you will receive a refund of any overpayment.

**ASSESSORS DISPOSITION.** Upon applying for an exemption, you may be required to provide the assessors with further information and supporting documentation to establish your eligibility. The assessors have 3 months from the date your application is filed to act on it unless you agree in writing before that period expires to extend it for a specific time. If the assessors do not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether an exemption has been granted or denied.

**APPEAL.** You may appeal the disposition of your application to the Appellate Tax Board, or if applicable, the County Commissioners. The appeal must be filed within 3 months of the date the assessors acted on your application, or the date your application was deemed denied, whichever is applicable. The disposition notice will provide you with further information about the appeal procedure and deadline.

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