

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

MILLIS

Name of City or Town

**SENIOR – SURVIVING SPOUSE OR MINOR – VETERAN – BLIND
FISCAL YEAR _____ 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

Must be filed with assessors on or before December 15 or 3 months after actual (not preliminary) tax bills are mailed for fiscal year if later.

Exception: Seniors must file by the earlier abatement application deadline if local option Clause 41C½ accepted. See Assessors.



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, _____					
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, _____? 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, _____? 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"/>		Board of Assessors
Date Voted/Deemed Denied _____		
Certificate No. _____		
Date Cert./Notice Sent _____		
Exemption: Clause _____		Date: _____

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

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, _____? 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.

	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.

Real Estate	Assessed Valuation	Amount Due on Mortgage	Value
Domicile _____	_____	_____	_____
Other _____	_____	_____	_____
Personal Estate			
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.