



BLUE FORM

STATE TAX FORM 97EC G.L. Ch.59 s 5 Clause 41B

Commonwealth of Massachusetts/City of Springfield

2009

ELDERLY PERSONS

MUST BE FILED ON OR BEFORE DECEMBER 15th OR THREE MONTHS FROM THE MAILING OF THE ACTUAL (NOT PRELIMINARY) TAX BILL
THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

A IDENTIFICATION	1 Name of Record Owner _____ 2 Applicant Name _____ 3 Mailing Address _____ 4 Street address of property upon which exemption is claimed _____ 5 Street/Parcel _____ 6 Telephone _____ 7 Date of Birth _____ 7 Social Security No. _____ / _____ / _____ 8 Marital Status _____																												
B STATUS	10 Indicate Status <input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-Owner with Spouse <input type="checkbox"/> Co- Owner with person not a spouse 11 Is this property income producing? YES <input type="checkbox"/> NO <input type="checkbox"/>																												
C ELIGIBILITY INFORMATION	12 Did you own and occupy the above property as your principal residence as of July 1st? YES <input type="checkbox"/> NO <input type="checkbox"/> 13 How long have you owned the property? _____ 13 Did you own any other real estate within or outside Massachusetts as of July 1st? YES <input type="checkbox"/> NO <input type="checkbox"/> a. If yes, indicate the total assessed value of that property. (Attach recent tax bill) \$ _____ b. List your % of ownership _____ % 14 List all non-real estate assets as of July 1st. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%;">Applicant & Spouse</th> <th style="width:20%;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a Amount in Bank Accounts (List Institution & balance in all Savings, CD's, Checking etc.)</td> <td></td> <td style="text-align: center;">BALANCE as of July 1st</td> </tr> <tr> <td>Bank 1 _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Bank 2 _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Bank 3 _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Bank 4 _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>b List the value of any stocks, bonds and securities that you own.</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>c List the Value of any Motor Vehicle(s).</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Model _____ Year _____ TOTAL</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>			Applicant & Spouse	Spouse	a Amount in Bank Accounts (List Institution & balance in all Savings, CD's, Checking etc.)		BALANCE as of July 1st	Bank 1 _____	\$ _____	\$ _____	Bank 2 _____	\$ _____	\$ _____	Bank 3 _____	\$ _____	\$ _____	Bank 4 _____	\$ _____	\$ _____	b List the value of any stocks, bonds and securities that you own.	\$ _____	\$ _____	c List the Value of any Motor Vehicle(s).	\$ _____	\$ _____	Model _____ Year _____ TOTAL	\$ _____	\$ _____
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COPIES OF FEDERAL OR STATE INCOME TAX RETURNS MAY BE REQUIRED FOR SUBSTANTIATION

PLEASE CONTINUE ON BACK

FOR ASSESSORS USE ONLY HEARING DATE:	APPROVED _____ DENIED/ REASON _____ SIGNATURE _____ DATE _____	ASSESSED VALUE _____ EXCLUSION _____ ASSET OVERAGE _____	
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C (continued)	15	Indicate GROSS RECEIPTS from all sources in the preceding calendar year	Applicant & Spouse	Spouse
	a	Social Security or Railroad benefits. Employee pension or retirement allowances from the U.S., Massachusetts, or any city, town county or district	\$	\$
	b	Applicable Exclusion (as determined by the Commissioner of Revenue)	\$	\$
	c	Other pensions, retirement allowances and annuities	\$	\$
	d	Wages, salaries, tips, other compensation & net profits from business	\$	\$
	e	Interest and dividends	\$	\$
	f	Gains from sales or exchange from real estate	\$	\$
	g	Gains from sale or exchange of other property, tangible or intangible	\$	\$
	h	Rent and royalty income	\$	\$
	i	Receipts from other taxable or nontaxable sources (specify)	\$	\$
		TOTAL GROSS RECEIPTS		

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

D SIGN HERE	16	SIGN HERE TO COMPLETE THE APPLICATION -- YOU MUST SIGN THE APPLICATION	
		<p>This application has been prepared and 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.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Your Signature _____ Date</p> <p><small>If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer</small></p>	
	17	<p>By requesting consideration for exemption, I hereby authorize the City of Springfield Assessors Office to make any and all inquiries to any party regarding any bank account, whether held in my name individually, as a trustee or agent, against which I have the power to draw, whether or not my name appears.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Your Signature _____ Date</p>	

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Return this form to: Assessors Office Springfield City Hall 36 Court Street Springfield, MA 01103-1698

FISCAL YEAR **2009**

CERTIFICATE NUMBER _____

ELDERLY PERSONS