



2012

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 _____
8. Social Security No. ____/____/____
9. Marital Status _____

B

STATUS

10. Indicate Status
 - ☐ Sole Owner
 - ☐ Co-Owner with Spouse
 - ☐ Co-Owner with person not a spouse
11. Is this property income producing?
 - ☐ Yes
 - ☐ No
12. Did you own and occupy the above property as your principal residence as of July 1st?
 - ☐ Yes
 - ☐ No

C

ELIGIBILITY
INFORMATION

13. How long have you owned the property? _____
14. Did you own any other real estate within or outside Massachusetts as of July 1st?
 - ☐ Yes
 - ☐ No
 - a. If yes, indicate the total assessed value of that property. (Attach recent tax bill) \$ _____
 - b. List your % of ownership _____ %

15. List all non-real estate assets as of July 1st
 - a. Amount in Bank Accounts (List institution & balance in all Savings, CD's, Checking, etc.)

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

Applicant & Spouse	Spouse
\$	BALANCE as of July 1 st
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

COPIES OF FEDERAL OR STATE INCOME TAX 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 _____

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 (<i>as determined by the Commissioner of Revenue</i>)	\$	\$
	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 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. _____ _____ Your Signature Date If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer.
	17 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. _____ _____ Your Signature Date

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

FISCAL YEAR **2012**

ELDERLY PERSONS