YELLOW FORM **STATE TAX FORM 96-3 Ch.59 s 5 Clause 37A**

Commonwealth of Massachusetts / City of Springfield

2014

BLIND APPLICATION

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 Were you legally blind as of July 1st? Yes ☐ No ☐ 11. Are you at present registered with the Massachusetts Commission for the Blind? Yes ☐ No ☐ Certificate Number _____ Date Registered _____ COPY OF THE MOST RECENT CERTIFICATE MUST BE ATTACHED
C ELIGIBILITY INFORMATION	12. Did you own and occupy the above property as your principal place of residence as of July 1st? Yes ☐ No ☐

PLEASE CONTINUE ON BACK

FOR ASSESSORS USE ONLY	Approved _____ Denied / Reason _____ Signature _____ Date _____	Assessed Value _____ Exclusion _____ Asset Overage _____

D SIGN HERE	13. 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.
	14. 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

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

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

FISCAL YEAR **2014**

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