PINK FORM

G.L. Ch. 59 s 5 Clause 17 D
Commonwealth of Massachusetts/City of Springfield

2016

SURVIVING SPOUSE/AGED PERSON/MINOR

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

Indicate Status (Check all that apply)

☐ **Surviving Spouse**
Spouse's Name _____
Date of Spouse's death_____

☐ **Minor whose parent is deceased**
Name of deceased parent _____
Date of Parent's death _____

☐ **Person over 70 years of age**
Have you owned and occupied the property as your principal place of residence for more than 10 years prior to this application? Yes ☐ No ☐

FIRST TIME FILERS PLEASE ATTACH A COPY OF BIRTH CERTIFICTE

C — ELIGIBILITY INFORMATION

11. Did you own and occupy the above property as your principal residence as of July 1st?

Yes ☐ No ☐

12. 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 any outstanding mortgage balance as of July 1st. $_____

c. List your % of ownership _____%

13. List all non-real estate assets as of July 1st. Balance 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 balance of any stocks, bonds, and securities that you own _$_____

c. List the Value of any Motor Vehicle(s) Model_____ Year_____ _$_____

TOTAL ASSETTS _$_____

PLEASE CONTINUE ON BACK

FOR ASSESSORS USE ONLY				
	APPROVED	_____	ASSESSED VALUE	_____
	DENIED	_____	EXCLUSION	_____(150,000)_____
HEARING DATE	SIGNATURE	_____	ASSET OVERAGE	_____
	DATE	_____		

D SIGN HERE	14. 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
	15. 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 St, Springfield, MA 01103-1698

FISCAL YEAR **2016**

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