



2018

# BLIND APPLICATION

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

<p><b>A</b></p> <p>IDENTIFICATION</p>	<p>1. Name of Record Owner _____</p> <p>2. Applicant Name _____</p> <p>3. Mailing Address _____</p> <p>4. Street address of property upon which exemption is claimed _____</p> <p>5. Street/Parcel _____</p> <p>6. Telephone _____</p> <p>7. Date of Birth _____</p> <p>8. Social Security No. ____/____/____</p> <p>9. Marital Status _____</p>
<p><b>B</b></p> <p>STATUS</p>	<p>10. Indicate Status</p> <p>Were you legally blind as of July 1<sup>st</sup>? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. Are you at present registered with the Massachusetts Commission for the Blind? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Certificate Number _____</p> <p>Date Registered _____</p> <p><u>COPY OF THE MOST RECENT CERTIFICATE MUST BE ATTACHED</u></p>
<p><b>C</b></p> <p>ELIGIBILITY INFORMATION</p>	<p>12. Did you own and occupy the above property as your principal place of residence as of July 1<sup>st</sup>? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

PLEASE CONTINUE ON BACK

<p>FOR ASSESSORS USE ONLY</p>	<p>Approved _____</p> <p>Denied / Reason _____</p> <p>Signature _____</p> <p>Date _____</p>	<p>Assessed Value _____</p> <p>Exclusion _____</p> <p>Asset Overage _____</p>
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**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 **2018**

CERTIFICATE NUMBER \_\_\_\_\_

**BLIND APPLICATION**