

**CLAUSE 41C (BLUE FORM)**

**\$500 ABATEMENT**

**QUALIFICATIONS FY 2018**

YOU OR YOUR SPOUSE MUST BE 70 YEARS OF AGE AS OF JULY 1, 2017

YOUR DOMICILE MUST ONLY BE EITHER A SINGLE, TWO OR THREE FAMILY AND YOU MUST HAVE LIVED IN MASSACHUSETTS FOR THE PAST TEN YEARS

YOU MUST HAVE OWNED AND OCCUPIED THE PROPERTY OR ANY PROPERTY IN MASSACHUSETTS FOR NO LESS THAN FIVE YEARS

HUSBAND & WIVES COMBINED INCOME CANNOT EXCEED **\$30,000**  
OR IF SINGLE OR WIDOWED, INCOME CANNOT EXCEED **\$20,000**

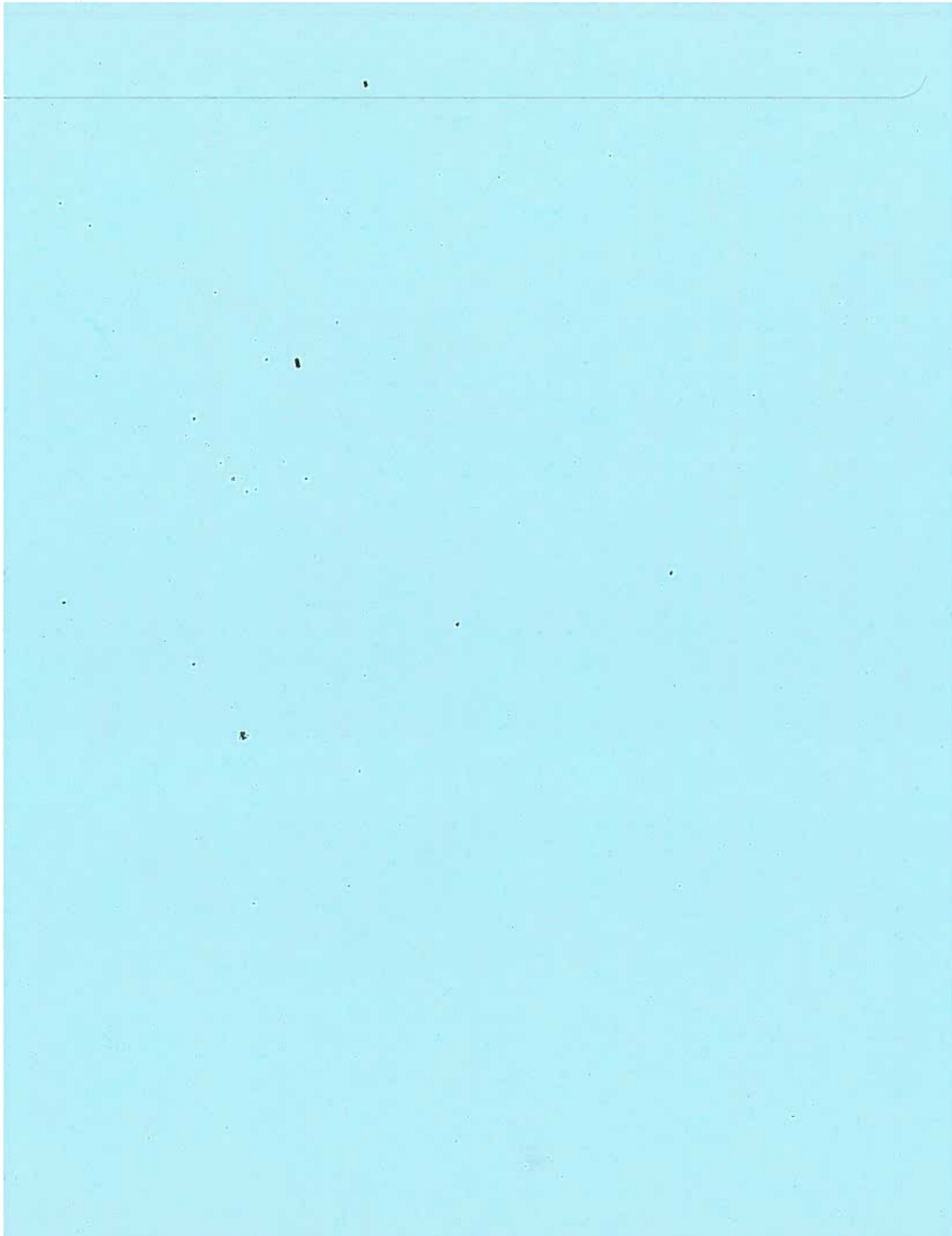
INCOME – YOU MUST STATE ANY SOCIAL SECURITY, PENSIONS AND ANY OTHER INCOME, WINNINGS OR RECEIPTS THAT YOU MAY HAVE EARNED OR RECEIVED. AN ANNUAL DEDUCTION, AS DETERMINE BY THE COMMISSIONER OF REVENUE, WILL BE SUBTRACTED FROM YOUR TOTAL GROSS RECEIPTS. YOU MUST ALSO REPORT ANY AND ALL INTEREST FROM BANK ACCOUNTS, STOCKS, BONDS, ETC.

YOUR TOTAL ASSETS <b><u>CANNOT</u></b> EXCEED:	MARRIED	<b><u>\$55,000</u></b>
	SINGLE	<b><u>\$40,000</u></b>

ASSETS MEANS: THE TOTAL AMOUNT MONEY IN ALL BANKS ,THE BOOK VALUE OF YOUR CAR, THE FACE VALUE OF STOCKS, BONDS, AND CERTIFICATES AND THE ASSESSED VALUE OF ANY AND ALL OTHER REAL ESTATE YOU OWN.

**THE FOLLOWING DOCUMENTS MUST BE PROVIDED WITH YOUR APPLICATION BEFORE IT CAN BE PROCESSED (PLEASE PROVIDE COPIES ONLY. DOCUMENTS WILL NOT BE RETURNED) FAILURE TO SUBMIT ALL INFORMATION WILL RESULT IN DENIAL.**

1. PROOF OF YOUR AGE EITHER A BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE OR DRIVER'S LICENSE.
2. COPIES OF ALL BANK STATEMENTS. INCLUDE CERTIFICATES OF DEPOSITS, STOCK/MUTUAL FUNDS, ETC.
3. COPY OF MOST RECENT STATE & FEDERAL INCOME TAX FILINGS. IF YOU DO NOT FILE TAXES, YOU MUST CLEARLY STATE SO ON THE APPLICATION.
4. LETTER FROM YOUR PENSION PROVIDER INDICATING IF YOUR PENSION CAN BE TRANSFERRED TO A LUMP SUM SETTLEMENT.





2018

# ELDERLY PERSONS

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

<h1>A</h1>	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 _____																
<h1>B</h1>	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? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. Did you own and occupy the above property as your principal residence as of July 1 <sup>st</sup> ? <input type="checkbox"/> Yes <input type="checkbox"/> No																
<h1>C</h1>	13. How long have you owned the property? _____ 14. Did you own any other real estate within or outside Massachusetts as of July 1 <sup>st</sup> ? <input type="checkbox"/> Yes <input type="checkbox"/> 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 1 <sup>st</sup> <sup>a.</sup> 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  <div style="display: flex; justify-content: space-between;"> <table border="1" style="border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Applicant &amp; Spouse</th> <th style="width: 50%;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">BALANCE as of July 1<sup>st</sup></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> </div>	Applicant & Spouse	Spouse	\$	BALANCE as of July 1 <sup>st</sup>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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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 _____
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<h1 style="font-size: 48px; margin: 0;">C</h1> <p style="margin: 5px 0;">(continued)</p>	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)	\$	\$
		<b>TOTAL GROSS RECEIPTS</b>	\$	\$

**FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES**

<h1 style="font-size: 48px; margin: 0;">D</h1> <p style="margin: 5px 0;">SIGN HERE</p>	<p><b>16 SIGN HERE TO COMPLETE THE APPLICATION – YOU MUST SIGN THE APPLICATION</b></p> <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;"> <span style="display: inline-block; width: 200px; border-bottom: 1px solid black; margin-right: 10px;"></span> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-right: 10px;"></span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-right: 10px;"></span> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-right: 10px;"></span> </p> <p style="text-align: center;">If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer.</p>
	<p><b>17</b> 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;"> <span style="display: inline-block; width: 200px; border-bottom: 1px solid black; margin-right: 10px;"></span> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-right: 10px;"></span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-right: 10px;"></span> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-right: 10px;"></span> </p>

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

FISCAL YEAR **2018**

**ELDERLY PERSONS**