



**2014**

**SURVIVING SPOUSE/AGED PERSON/MINOR**

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 style="font-size: 4em; margin: 0;">A</h1>	<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>																
<h1 style="font-size: 4em; margin: 0;">B</h1>	<p style="text-align: center;">Indicate Status (Check all that apply)</p> <p><input type="checkbox"/> <b>Surviving Spouse</b> Spouse's Name _____ Date of Spouse's death _____</p> <p><input type="checkbox"/> <b>Minor whose parent is deceased</b> Name of deceased parent _____ Date of Parent's death _____</p> <p><input type="checkbox"/> <b>Person over 70 years of age</b> Have you owned and occupied the property as your principal place of residence for more than 10 years prior to this application? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;"><u>FIRST TIME FILERS PLEASE ATTACH A COPY OF BIRTH CERTIFICATE</u></p>																
<h1 style="font-size: 4em; margin: 0;">C</h1>	<p>11. Did you own and occupy the above property as your principal residence as of July 1<sup>st</sup>? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>12. Did you own any other real estate within or outside Massachusetts as of July 1<sup>st</sup>? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>a. If yes, indicate the total assessed value of that property. (Attach recent tax bill) \$ _____</p> <p>b. List any outstanding mortgage balance as of July 1<sup>st</sup>. \$ _____</p> <p>c. List your % of ownership _____%</p> <p>13. List all non-real estate assets as of July 1<sup>st</sup>. <span style="float: right;">Balance as of July 1<sup>st</sup></span></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Amount in Bank Accounts (List institution &amp; balance in all Savings, CD's, Checking, etc.)</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">Bank 1 _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">Bank 2 _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">Bank 3 _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">Bank 4 _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>b. List the balance of any stocks, bonds, and securities that you own</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>c. List the Value of any Motor Vehicle(s) Model _____ Year _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;"><b>TOTAL ASSETTS</b></td> <td style="text-align: right;"><b>\$ _____</b></td> </tr> </table>	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 _____	\$ _____	<b>TOTAL ASSETTS</b>	<b>\$ _____</b>
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PLEASE CONTINUE ON BACK

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

<p><b>D</b></p> <p>SIGN HERE</p>	<p>14. SIGN HERE TO COMPLETE THE APPLICATION - - YOU MUST SIGN THE APPLICATION</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>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Your Signature</span> <span>Date</span> </p> <p>If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer</p>
	<p>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.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Your Signature</span> <span>Date</span> </p>

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 **2014**

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