

QUALIFICATIONS CLAUSE 17 D FY 2018

YOUR DOMICILE CAN BE ONE, TWO, OR THREE FAMILY

YOU MUST HAVE OWNED AND OCCUPIED THE PROPERTY NO LESS THAN FIVE YEARS
(Only pertains to those individuals filing as over 70. A Widow(er), must have owned and occupied the property as of July 1, 2017)

YOU MUST BE 70 YEARS OF AGE OR YOU MUST BE A WIDOW(ER) AS OF JULY 1, 2017

YOUR TOTAL INCOME IS NOT TAKEN INTO CONSIDERATION FOR CLAUSE 17 D, BUT YOUR TOTAL ASSETS ARE.

YOUR COMBINED TOTAL ASSETS CANNOT EXCEED: \$40,000

ASSETS MEANS: TOTAL MONEY IN ALL BANKS
BOOK VALUE OF YOUR CAR(S)
FACE VALUE OF STOCKS, BONDS & CERTIFICATES
ASSESSED VALUE OF ANY ADDITIONAL 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. **COPY OF SPOUSE DEATH CERTIFICATE.**
5. **LETTER FROM YOUR PENSION PROVIDER** INDICATING IF YOUR PENSION CAN BE TRANSFERRED TO A LUMP SUM SETTLEMENT.



2018

SURVIVING SPOUSE/AGED PERSON/MINOR 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

<p>A</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</p> <p>STATUS</p>	<p>Indicate Status (Check all that apply)</p> <p><input type="checkbox"/> Surviving Spouse Spouse's Name _____ Date of Spouse's death _____</p> <p><input type="checkbox"/> Minor whose parent is deceased Name of deceased parent _____ Date of Parent's death _____</p> <p><input type="checkbox"/> 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</p> <p><u>FIRST TIME FILERS PLEASE ATTACH A COPY OF BIRTH CERTIFICATE</u></p>
<p>C</p> <p>ELIGIBILITY INFORMATION</p>	<p>11. Did you own and occupy the above property as your principal residence as of July 1st?</p> <p>Yes No</p> <p>12. Did you own any other real estate within or outside Massachusetts as of July 1st?</p> <p>Yes No</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 1st. \$ _____</p> <p>c. List your % of ownership _____%</p> <p>13. List all non-real estate assets as of July 1st. Balance as of July 1st</p> <p>a. Amount in Bank Accounts (List institution & balance in all Savings, CD's, Checking, etc.) \$ _____</p> <p>Bank 1 _____ \$ _____</p> <p>Bank 2 _____ \$ _____</p> <p>Bank 3 _____ \$ _____</p> <p>Bank 4 _____ \$ _____</p> <p>b. List the balance of any stocks, bonds, and securities that you own \$ _____</p> <p>c. List the Value of any Motor Vehicle(s) Model _____ Year _____ \$ _____</p> <p style="text-align: right;">TOTAL ASSETS \$ _____</p>

PLEASE CONTINUE ON BACK

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

D SIGN HERE	<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;">Your SignatureDate</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;">Your SignatureDate</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 2018

CERTIFICATE NUMBER _____

SURVIVING SPOUSE/AGED PERSON/MINOR