



**2019**

# SURVIVING SPOUSE/AGED PERSON/MINOR APPLICATION

MUST BE FILED ON OR BEFORE APRIL 1, 2019. 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>	Indicate Status (Check all that apply)  <input type="checkbox"/> <b>Surviving Spouse</b> Spouse's Name _____ Date of Spouse's death _____ <input type="checkbox"/> <b>Minor whose parent is deceased</b> Name of deceased parent _____ Date of Parent's death _____  <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 style="text-align: center;"><u>FIRST TIME FILERS PLEASE ATTACH A COPY OF BIRTH CERTIFICATE</u></p>
<h1>C</h1>	11. Did you own and occupy the above property as your principal residence as of July 1, 2018? Yes <input type="checkbox"/> No <input type="checkbox"/> 12. Did you own any other real estate within or outside Massachusetts as of July 1, 2018? Yes <input type="checkbox"/> No <input type="checkbox"/> a. If yes, indicate the total assessed value of that property. (Attach recent tax bill) \$ _____ b. List any outstanding mortgage balance as of July 1 <sup>st</sup> . \$ _____ c. List your % of ownership _____% 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> 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 _____ \$ _____ <p style="text-align: right;">TOTAL ASSETTS \$ _____</p>

PLEASE CONTINUE ON BACK

FOR ASSESSORS	APPROVED _____	ASSESSED VALUE _____	
USE ONLY	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 **2019**

**SURVIVING SPOUSE/AGED PERSON/MINOR**