



2019

ELDERLY PERSONS

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 _____																				
IDENTIFICATION	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 st ? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
STATUS																					
<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, 2018? <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 1st 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 value of any stocks, bonds and securities that you own. c. List the value of any Motor Vehicle(s). Model _____ Year _____ TOTAL																				
ELIGIBILITY INFORMATION	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Applicant & 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 1st</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> <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>	Applicant & Spouse	Spouse	\$	BALANCE as of July 1 st	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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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 (<i>as determined by the Commissioner of Revenue</i>)	\$	\$
	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)	\$	\$
		TOTAL GROSS RECEIPTS	\$	\$

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>16 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 style="text-align: center;"> </p> <p style="text-align: center;"> Your Signature Date </p> <p>If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer.</p>
	<p>17 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;"> </p> <p style="text-align: center;"> Your Signature Date </p>

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

FISCAL YEAR **2019**

ELDERLY PERSONS