



2020

SURVIVING SPOUSE/OVER AGE 70/MINOR APPLICATION

MUST BE FILED ON OR BEFORE APRIL 1, 2020. THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

| | | | | | | | | | | | |
|---|--|--|----------|--------------|----------|--------------|----------|--------------|----------|--------------|----------|
| <h1 style="font-size: 4em; margin: 0;">A</h1> <p style="margin: 0;">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> | | | | | | | | | | |
| <h1 style="font-size: 4em; margin: 0;">B</h1> <p style="margin: 0;">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 - as of 7/1/2019 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 style="margin: 0;">ELIGIBILITY INFORMATION</p> | <p>11. Did you own and occupy the above property as your principal residence as of July 1, 2019? 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, 2019? 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 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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Amount in Bank Accounts (List institution & 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> </table> <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 ASSETTS \$ _____</p> | a. Amount in Bank Accounts (List institution & balance in all Savings, CD's, Checking, etc.) | \$ _____ | Bank 1 _____ | \$ _____ | Bank 2 _____ | \$ _____ | Bank 3 _____ | \$ _____ | Bank 4 _____ | \$ _____ |
| a. Amount in Bank Accounts (List institution & balance in all Savings, CD's, Checking, etc.) | \$ _____ | | | | | | | | | | |
| Bank 1 _____ | \$ _____ | | | | | | | | | | |
| Bank 2 _____ | \$ _____ | | | | | | | | | | |
| Bank 3 _____ | \$ _____ | | | | | | | | | | |
| Bank 4 _____ | \$ _____ | | | | | | | | | | |

PLEASE CONTINUE ON BACK

| | | | |
|---------------|-----------------|----------------------|--|
| FOR ASSESSORS | APPROVED _____ | ASSESSED VALUE _____ | |
| USE ONLY | DENIED _____ | EXCLUSION _____ | |
| HEARING DATE | SIGNATURE _____ | ASSET OVERAGE _____ | |
| | DATE _____ | | |

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|----------------------------------|---|
| <p>D</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;">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 **2020**

SURVIVING SPOUSE/AGED PERSON/MINOR