



2020

# BLIND APPLICATION

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

<p><b>A</b></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>B</b></p> <p>STATUS</p>	<p>10. Indicate Status</p> <p>Were you legally blind as of July 1, 2019?          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. Are you at present registered with the Massachusetts Commission for the Blind?          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Certificate Number _____</p> <p>Date Registered _____</p> <p><u>COPY OF THE MOST RECENT CERTIFICATE MUST BE ATTACHED</u></p>
<p><b>C</b></p> <p>ELIGIBILITY INFORMATION</p>	<p>12. Did you own and occupy the above property as your principal place of residence as of July 1, 2019?           Yes <input type="checkbox"/> No <input type="checkbox"/></p>

PLEASE CONTINUE ON BACK

<p>FOR ASSESSORS USE ONLY</p>	<p>Approved _____</p> <p>Denied / Reason _____</p> <p>Signature _____</p> <p>Date _____</p>
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**D**

SIGN HERE

**13. SIGN HERE TO COMPLETE THE APPLICATION – YOU MUST SIGN THE APPLICATION**

This application has been prepared and examined by me. Under the pains and penalties of declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date**

If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer.

**FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES**

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

FISCAL YEAR **2020**

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