



2024

SURVIVING SPOUSE/OVER AGE 70/MINOR APPLICATION

MUST BE FILED ON OR BEFORE APRIL 1, 2024. THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

A	IDENTIFICATION	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 _____ 8. Date of Birth _____ 7. Marital Status _____												
B	STATUS	9. Indicate Status (Check all that apply) <input type="checkbox"/> Surviving Spouse Spouse's Name _____ Date of Spouse's death _____ <input type="checkbox"/> Minor whose parent is deceased Name of deceased parent _____ Date of Parent's death _____ <input type="checkbox"/> Person over 70 years of age - as of 7/1/2023 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>												
C	ELIGIBILITY INFORMATION	10. Did you own and occupy the above property as your principal residence as of July 1, 2023? Yes <input type="checkbox"/> No <input type="checkbox"/> 11. Did you own any other real estate within or outside Massachusetts as of July 1, 2023? 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 st . \$ _____ c. List your % of ownership _____ % 12. List all non-real estate assets as of July 1 st . Balance as of July 1st a. Amount in Bank Accounts (List institution & balance in all Savings, CD's, Checking, etc.) <table style="width:100%; margin-left: 20px;"> <tr><td>Bank 1</td><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Bank 2</td><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Bank 3</td><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Bank 4</td><td>_____</td><td style="text-align: right;">\$ _____</td></tr> </table> b. List the balance of any stocks, bonds, and securities that you own \$ _____ c. List the Value of any Motor Vehicle(s) Model _____ Year _____ \$ _____ TOTAL ASSETS \$ _____	Bank 1	_____	\$ _____	Bank 2	_____	\$ _____	Bank 3	_____	\$ _____	Bank 4	_____	\$ _____
Bank 1	_____	\$ _____												
Bank 2	_____	\$ _____												
Bank 3	_____	\$ _____												
Bank 4	_____	\$ _____												

PLEASE CONTINUE ON BACK

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

<p>D</p> <p>SIGN HERE</p>	<p>13. 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>14. 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: Assessor's Office Springfield City Hall, 36 Court St, Springfield, MA 01103-1698

FISCAL YEAR 2024

SURVIVING SPOUSE/AGED PERSON/MINOR