

2025

SURVIVING SPOUSE/OVER AGE 70/MINOR APPLICATION

MUST BE FILED ON OR BEFORE APRIL 1, 2025. THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

	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				
IDENTIFICATION	7. Marital Status				
	9. Indicate Status (Check all that apply)				
	Surviving Spouse Minor whose parent is deceased				
	Spouse's Name Name of deceased parent				
	Date of Spouse's death Date of Parent's death				
	Person over 70 years of age - as of 7/1/2024				
STATUS	Have you owned and occupied the property as your principal place of residence for more than 10 years				
	prior to this application? Yes \Box No \Box				
	FIRST-TIME FILERS PLEASE ATTACH A COPY OF BIRTH CERTIFICATE				
	10. Did you own and occupy the above property as your principal residence as of July 1, 2024?				
	Yes \Box No \Box				
	11. Did you own any other real estate within or outside Massachusetts as of July 1, 2024?				
	Yes No 🗌				
	a. If yes, indicate the total assessed value of that property. (Attach recent tax bill) \$				
ELIGIBILITY					
INFORMATION	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 1 st				
	a. Amount in Bank Accounts (List institution & balance in all Savings, CD's, Checking, etc.) _\$				
	Bank 1\$ Bank 2 \$				
	Bank 3 \$				
	b. List the balance of any stocks, bonds, and securities that you own				
	c. List the Value of any Motor Vehicle(s) ModelYear\$				
	TOTAL ASSETS				

PLEASE CONTINUE ON BACK						
FOR ASSESSORS	APPROVED		ASSESSED VALUE			
USE ONLY	DENIED		EXCLUSION			
HEARING DATE	SIGNATURE		ASSET OVERAGE			

	13. SIGN HERE TO COMPLETE THE APP	JCATION YOU MUST SIGN THE APPLICATION		
SIGN HERE	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.			
	Your Signature	Date		
	If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer			
	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.			
	Your Signature	Date		

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 2025

SURVIVING SPOUSE/AGED PERSON/MINOR