



2025

BLIND APPLICATION

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

<p>A</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 _____ 6. Telephone _____</p> <p>7. Date of Birth _____ 8. Marital Status _____</p>
<p>B</p> <p>STATUS</p>	<p>9. Indicate Status</p> <p>Were you legally blind as of July 1, 2024? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10. 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>C</p> <p>ELIGIBILITY INFORMATION</p>	<p>11. Did you own and occupy the above property as your principal place of residence as of July 1, 2024? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

PLEASE CONTINUE ON BACK

D	12.SIGN HERE TO COMPLETE THE APPLICATION – 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.

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

Return this form to:

Assessor's Office Springfield City Hall 36 Court Street Springfield, MA 01103-1698

**FOR
ASSESSORS
USE ONLY**

Approved _____
Denied / Reason _____
Signature _____
Date _____