



2025

AGE OVER 65

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

<h1>A</h1>	<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. Marital Status _____</p> <p>9. Are you over 65 as of 7/1/2024? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																						
<h1>B</h1>	<p>10. Indicate Status</p> <p><input type="checkbox"/> Sole Owner</p> <p><input type="checkbox"/> Co-Owner with Spouse</p> <p><input type="checkbox"/> Co-Owner with person not a spouse</p> <p>11. Is this property income producing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you own and occupy the above property as your principal residence as of July 1st?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																						
<h1>C</h1>	<p>13. How long have you owned the property? _____</p> <p>14. Did you own any other real estate within or outside Massachusetts as of July 1st 2024?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If yes, indicate the total assessed value of that property. (Attach recent tax bill) \$ _____</p> <p>b. List your % of ownership _____ %</p> <p>15. List all non-real estate assets as of July 1st</p> <p>^{a.} Amount in Bank Accounts (List institution & balance in all Savings, CD's, Checking, etc.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Applicant</th> <th style="width: 50%;">Spouse</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td>BALANCE as of July 1st</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> <tr> <td colspan="2">b. List the value of any stocks, bonds and securities that you own.</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> <tr> <td colspan="2">c. List the value of any Motor Vehicle(s).</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> <tr> <td>Model _____ Year _____ TOTAL</td> <td>\$</td> </tr> </tbody> </table>	Applicant	Spouse	\$	BALANCE as of July 1 st	\$	\$	\$	\$	\$	\$	\$	\$	b. List the value of any stocks, bonds and securities that you own.		\$	\$	c. List the value of any Motor Vehicle(s).		\$	\$	Model _____ Year _____ TOTAL	\$
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COPIES OF FEDERAL OR STATE INCOME TAX MAY BE REQUIRED FOR SUBSTANTIATION

PLEASE CONTINUE ON BACK

<p style="text-align: center;">FOR ASSESSORS USE ONLY HEARING DATE:</p>	<p>Approved _____</p> <p>Denied / Reason _____</p> <p>Signature _____</p> <p>Date _____</p>
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<h1 style="font-size: 48px; margin: 0;">C</h1> <p style="margin: 5px 0;">(continued)</p>	16	Indicate GROSS RECEIPTS from all sources in the preceding calendar year	Applicant	Spouse	
	a	Social Security or Railroad benefits. Employee pension or retirement allowances from the U.S., Massachusetts, or any city town, county or district	\$	\$	
	b	Social Security Exclusion	\$	\$	
	c	Other pensions, retirement allowances and annuities	\$	\$	
	d	Wages, salaries, tips, other compensation & net profits from business	\$	\$	
	e	Interest and dividends	\$	\$	
	f	Gains from sales or exchange from real estate	\$	\$	
	g	Gains from sale or exchange of other property, tangible or intangible	\$	\$	
	h	Rent and royalty income	\$	\$	
	i	Receipts from other taxable or nontaxable sources (specify)	\$	\$	
		TOTAL GROSS RECEIPTS	\$	\$	

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

<h1 style="font-size: 48px; margin: 0;">D</h1> <p style="margin: 5px 0;">SIGN HERE</p>	<p>17 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 style="text-align: center;"> </p> <p style="text-align: center;"> Your Signature Date </p> <p>If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer.</p>
	<p>18 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 style="text-align: center;"> </p> <p style="text-align: center;"> Your Signature Date </p>

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

FISCAL YEAR **2025**

AGE OVER 65