

THE COMMONWEALTH OF MASSACHUSETTS
CARVER

NAME OF CITY OR TOWN

ASSESSORS' USE ONLY				
17	22	37	41	42 & 43
Date Received				
Application No.				
Parcel ID.				

**SENIOR - SURVIVING SPOUSE OR MINOR - VETERAN - BLIND
FY__ APPLICATION FOR STATUTORY EXEMPTION**

General Laws Chapter 59, Section 5

**THIS APPLICATION IS NOT OPEN
TO PUBLIC INSPECTION**

(See General Laws Chapter 59, Section 60.)
Return to: Board of Assessors

Must be filed with Board of Assessors on or before December 15 or 3 months after actual (*not* preliminary) tax bills are mailed for fiscal year if later.

Exceptions: Seniors must file by the earlier abatement application deadline if local option Clause 41C 1/2 accepted. See Assessors.

INSTRUCTIONS: Complete all sections that apply. If you qualify under more than one category, you will receive the exemption that provides the greatest amount of assistance. (Please print or type.)

A. IDENTIFICATION. Complete this section fully.

Name of Applicant: _____ Marital Status: _____

Social Security No. _____ (optional) Phone Number: (____) _____

Legal Residence (Domicile) on July 1, _____

Mailing Address (If different) _____

Location of Property: _____ No. of Dwelling Units: 1 2 3 4 other _____

Did you own property on July 1, _____? Yes No

If yes, were you: Sole Owner Co-owner with Spouse Only Co-owner with others

Was the property subject to a trust as of July 1, _____? Yes No

If yes, please attach trust instrument including all schedules.

Have you been granted any exemption in any other city or town (MA or other) for this year? Yes No

If yes, name city or town _____ Amount exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

<input type="checkbox"/> Ownership	<input type="checkbox"/> GRANTED	Assessed Tax \$ _____
<input type="checkbox"/> Occupancy	<input type="checkbox"/> DENIED	Exempted Tax \$ _____
<input type="checkbox"/> Status	<input type="checkbox"/> DEEMED DENIED	Adjusted Tax \$ _____
<input type="checkbox"/> Income		
<input type="checkbox"/> Assets		Board of Assessors
Date Voted/Deemed Denied _____		_____
Certificate No. _____		_____
Date Cert./Notice Sent _____		_____
Exemption Clause _____	Date:	_____

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

B. EXEMPTION STATUS. Check the status that applies to you and complete the questions that follow.

BLIND PERSON

Were you legally blind as of July 1, _____? Yes No

Are you registered with Mass. Commission for the Blind? Yes No

If yes, give Certificate Number _____ Date Registered _____
(attach copy of certificate.)

If no, attach a letter from your doctor indicating status as of July first.

IF NO OTHER STATUS APPLIES TO YOU, GO ON TO SECTION E.

VETERAN **VETERAN'S SPOUSE** Veteran's Name _____

VETERAN'S SURVIVING SPOUSE/PARENT Deceased Veteran's Name _____

If first year of application, attach copy of death certificate.

If you are surviving spouse, have you remarried? Yes No

Date Enlisted/Inducted _____ Date Discharged _____

Type of Discharge _____ *If first year of application, attach copy of discharge papers.*

Military Decorations or Awards _____

Did the veteran live in Massachusetts at least 6 months before entering the service? Yes No

If no, list places and dates where the veteran was domiciled during the last 6 years. (2 years if local option adopted- See Assessors)

Address

Dates

Was the veteran killed during military service? Yes No *If yes, date of death* _____

Does the veteran have a service-connected disability? Yes No

*If yes and first year of application, attach Certificate of Disability from U.S. Dept. of Veterans Affairs or branch of service.
If yes and exemption granted previously, attach certificate only if disability rating is 100% or has changed.*

Has the veteran acquired "special adapted housing?" Yes No

Is the veteran currently working? Yes No *If no, when did veteran last work?* _____

Is the veteran a paraplegic? Yes No

IF NO OTHER STATUS APPLIES TO YOU, GO ON TO SECTION E.

SURVIVING SPOUSE Deceased Spouse's Name _____

Date of Death _____

Have you remarried? Yes No *If yes, date of remarriage* _____

MINOR WITH PARENT DECEASED Deceased Parent's Name _____

Date of Death _____

If first year of application, attach a copy of death certificate.

Are you a surviving spouse or a minor child of a firefighter or a police officer killed in the line of duty? Yes No

IF NO, AND NO OTHER STATUS APPLIES TO YOU, GO ON SECTION D

If yes, and this is the first year of application, provide circumstances of death.

GO ON TO SECTION E

SENIOR 70 OR OLDER (65 or older by local option - See Assessors) Date of Birth _____

If first year of application, attach copy of birth certificate.

Have you owned and occupied the property as your domicile for at least 11 years? Yes No
(6 years if local option under clause 41C^{1/2} adopted - see assessors)

If no, list the other properties you owned and/or occupied during the past 10 years.

Address	Dates	Owned	Occupied
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

GO ON TO SECTION C.

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR. Complete this section if you are a senior. Copies of your federal and state tax income returns, and other documentation, may be requested to verify your income.

	Applicant and Spouse	Co-Owner and Spouse(s)
Retirement Benefits (Social Security, Railroad, Federal, Mass. and Political Subdivisions)	_____	_____
Other pensions and Retirement Allowances	_____	_____
Wages, Salaries and other Compensation	_____	_____
Net Profits from Business, Profession or Property Rental	_____	_____
Interest and Dividends	_____	_____
Other Receipts (Capital Gains, Public Assistance, etc.)	_____	_____
TOTALS	_____	_____

GO ON TO SECTION D.

D. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR. Complete this section if you are a (1) surviving spouse, (2) minor child of a deceased parent, or (3) senior. Documentation may be requested to verify your assets.

Real Estate	Assessed Valuation	Amount Due on Mortgage	Value
Domicile	_____	_____	_____
Other	_____	_____	_____
Personal Estate			
Bank Accounts: Name & Address of Bank	_____	_____	_____
	_____	_____	_____
Stocks, Bonds, Securities, etc.: Description & Amount	_____	_____	_____
	_____	_____	_____
Motor Vehicles & Trailers: Year, Make & Model	_____	_____	_____
	_____	_____	_____
Other Non-exempt Personal Property: Kind & Description	_____	_____	_____
	_____	_____	_____
TOTAL	_____	_____	_____

GO ON TO SECTION E.

E. SIGNATURE. Sign here to complete the application.

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

Signature

Date

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

TAXPAYER INFORMATION ABOUT PERSONAL EXEMPTIONS

PERSONAL EXEMPTIONS. You may be eligible to reduce all or a portion of the taxes assessed on you domicile if you meet the qualifications for one of the personal exemptions allowed under Massachusetts law. Qualifications vary, but generally relate to age, ownership, residency, disability, income or assets.

You may be eligible for an exemption if you fall into any of these categories:

- Blind
- Veteran with a service-connected disability
- Surviving spouse
- Minor child of deceased parent
- Senior citizen age 70 and older (65 and older by local option)

More detailed information about the qualifications for each exemption may be obtained from your Board of Assessors.

WHO MAY FILE AN APPLICATION. You may file an application if you meet all qualifications for a personal exemption as of July 1. You may also apply if you are the administrator or executor of a person who qualified for a personal exemption on July 1.

WHEN AND WHERE APPLICATION MUST BE FILED. Your application for any personal exemption, except local option clause 41C½ for seniors, must be filed with the assessors by December 15 or 3 months after the actual bills were mailed for the fiscal year, whichever is later. An application for Clause 41C½ must be filed by the earlier abatement application deadline for the fiscal year, which is the same day that the first actual tax payment for the year is due. An application is filed when (1) received by the assessors on or before the filing deadline, or (2) mailed by United States mail, first class postage prepaid, to the proper address of the assessors, on or before the filing deadline, as shown by a postmark made by the United States Postal Service. **THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, YOU LOSE ALL RIGHTS TO AN EXEMPTION AND THE ASSESSORS CANNOT BY LAW GRANT YOU ONE.**

PAYMENT OF TAX. Filing an application does not stay the collection of your taxes. In some cases, you must pay the tax when due to appeal the assessors' disposition of your application. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. If an exemption is granted and you have already paid the entire year's tax as exempted, you will receive a refund of any overpayment.

ASSESSORS DISPOSITION. Upon applying for an exemption, you may be required to provide the assessors with further information and supporting documentation to establish your eligibility. The assessors have 3 months from the date your application is filed to act on it unless you agree in writing before that period expires to extend it for a specific time. If the assessors do not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether an exemption has been granted or denied.

APPEAL. You may appeal the disposition of your application. The disposition notice will provide you with further information about the appeal procedure and deadline.