

|                     |    |    |    |       |
|---------------------|----|----|----|-------|
| 17                  | 22 | 37 | 41 | 42&43 |
| Assessors' Use only |    |    |    |       |
| Date Received       |    |    |    |       |
| Application No.     |    |    |    |       |
| Parcel Id.          |    |    |    |       |

WILMINGTON

Name of City or Town

**SENIOR -- SURVIVING SPOUSE OR MINOR -- VETERAN -- BLIND**  
**FISCAL YEAR 2017 APPLICATION FOR STATUTORY EXEMPTION**  
**General Laws Chapter 59, § 5**

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION  
 (See General Laws Chapter 59, § 60)

**Return to: Board of Assessors**

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

**FY17 DUE DATE IS: APRIL 1, 2017**

**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 _____                                                                                                                           |  |  |  |
| Telephone Number _____                                                                                                                                 |        |           |          | Mailing Address (If different) _____                                                                                                           |  |  |  |
| Legal Residence (Domicile) on July 1, <u>2016</u> _____                                                                                                |        |           |          | _____                                                                                                                                          |  |  |  |
| No.                                                                                                                                                    | Street | City/Town | Zip Code | No. of Dwelling Units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____ |  |  |  |
| Location of Property: _____                                                                                                                            |        |           |          |                                                                                                                                                |  |  |  |
| Did you own the property on July 1, <u>2016</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>                                             |        |           |          |                                                                                                                                                |  |  |  |
| If yes, were you: Sole Owner <input type="checkbox"/> Co-owner with Spouse Only <input type="checkbox"/> Co-owner with Others <input type="checkbox"/> |        |           |          |                                                                                                                                                |  |  |  |
| Was the property subject to a trust as of July 1, <u>2016</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>                               |        |           |          |                                                                                                                                                |  |  |  |
| 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 <input type="checkbox"/> No <input type="checkbox"/>    |        |           |          |                                                                                                                                                |  |  |  |
| If yes, name of city or town _____ Amount exempted \$ _____                                                                                            |        |           |          |                                                                                                                                                |  |  |  |

**DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)**

|                                    |                                        |                       |
|------------------------------------|----------------------------------------|-----------------------|
| Ownership <input type="checkbox"/> | GRANTED <input type="checkbox"/>       | Assessed Tax \$ _____ |
| Occupancy <input type="checkbox"/> | DENIED <input type="checkbox"/>        | Exempted Tax \$ _____ |
| Status <input type="checkbox"/>    | DEEMED DENIED <input type="checkbox"/> | Adjusted Tax \$ _____ |
| Income <input type="checkbox"/>    |                                        |                       |
| Assets <input type="checkbox"/>    |                                        | 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

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

**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, 2016? 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 1.

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

**VETERAN**

**VETERAN'S SPOUSE**

Veteran's Name \_\_\_\_\_

Was the property the veteran's domicile as of July 1, 2016?

Yes  No

If no, where does the veteran reside? \_\_\_\_\_

**VETERAN'S/SERVICEMEMBER'S/ NATIONAL GUARD MEMBER'S SURVIVING SPOUSE or SERVICEMEMBER'S SURVIVING PARENT**

Deceased Veteran's/Servicemember's/National Guard member'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/servicemember/national guard member live in Massachusetts for at least 6 months before entering the service? Yes  No  If no, list places and dates where veteran or member lived during the last 6 years or if deceased, the 6 years before death (2 years if local option adopted - See Assessors)

Address

Dates

| Address | Dates |
|---------|-------|
| _____   | _____ |
| _____   | _____ |
| _____   | _____ |

Continue list on attachment in same format as necessary.

If yes to any of the next 2 questions and if first year of application, (1) attach documentation from U.S. Dept. of Veterans Affairs, branch of service or doctor and (2) list above places and dates where surviving spouse has lived during the last 6 years (2 years if local option adopted - See Assessors)

Was the servicemember or national guard member killed or presumed killed in a combat zone? Yes  No

Was the servicemember's or national guard member's death a proximate result of a combat injury or disease? Yes  No

If yes to any of the next 3 questions and

If first year of application, attach Certificate of Disability from U.S. Dept. of Veterans Affairs or branch of service.

If exemption granted previously, attach certificate only if disability rating is 100% or has changed.

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

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

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 TO SECTION E

*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 41C½ adopted - See Assessors)

*If no, list the other properties you owned and/or occupied during the past 11 years (6 years if local option under Clause 41C½ adopted - See Assessors.)*

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

*Continue list on attachment in same format as necessary.*

GO ON TO SECTION C

**CALENDAR 2015 INCOME**

**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 & Spouse | Co-owner(s) & Spouse(s) |
|---------------------------------------------------------------------------------------------|--------------------|-------------------------|
| Retirement Benefits (Social Security, Railroad, Federal, MA & 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.) .....                               |                    |                         |
| <b>TOTALS</b>                                                                               |                    |                         |

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. **AS OF JULY 1, 2016**

| <b>Real Estate</b>                                     | <b>Assessed Valuation</b> | <b>Amount Due on Mortgage</b> | <b>Value</b> |
|--------------------------------------------------------|---------------------------|-------------------------------|--------------|
| Domicile _____                                         | _____                     | _____                         | _____        |
| Other _____                                            | _____                     | _____                         | _____        |
| <b>Personal Estate</b>                                 |                           |                               |              |
| 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.