

BLIND PERSONS

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Date application received

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THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF LEICESTER
NAME OF City OR TOWN

APPLICATION FOR STATUTORY EXEMPTION

Must be filed with the Board of Assessors not later than December 15, to which the Tax relates

To the Board of Assessors:

Name(s) of Record Owner(s) _____ Marital Status _____

Name of Applicant _____ Date of Birth _____

RELATIONSHIP TO OWNER

Location of Real Estate Upon Which Exemption is claimed _____

Do you occupy such Real Estate as your Domicile? _____ Tel. No. _____

List applicant's domicile (number, street and town) as of:

July 1 of this year _____

July 1 of last year _____

PROOF OF BLINDNESS

State in detail your claims as applicant, setting forth ALL THE FACTS relating thereto.

(Proof of Blindness as certified by Massachusetts Commission of the Blind should be attached to this form.)

Date when blindness was determined. _____

Date of Registration with Massachusetts Commission of the Blind (Chapter 69, Sections 19 and 19A) _____

Are you at present registered with Massachusetts Commission of the Blind? _____

Remarks: _____

Clause Thirty-seven, Real property, to the amount of five thousand dollars, or the sum of four hundred thirty seven dollars and cents whichever would result in an abatement of the greater amount of actual taxes due of a blind person who is a legal resident of the commonwealth, whether such property be owned by him separately or jointly or as a tenant in common; provided, that such property is occupied by such person as his domicile. No real property shall be so exempt which has been conveyed to such blind person to evade taxation.

LOCATION OF REAL ESTATE UPON WHICH EXEMPTION IS CLAIMED AS DOMICILE _____

When and how acquired _____, I _____
DATE BY PURCHASE, INHERITANCE, FORECLOSURE, GIFT, ETC.

APPLICATION FOR EXEMPTION FOR FISCAL YEAR ENDING JUNE 30, 20 _____

Tax Bill No. _____ Tax Assessed \$ _____

Subscribed this day: _____ of _____ 20 _____ under the penalties of perjury.

Signature of Applicant _____

FOR ASSESSOR'S RECORDS

Notice _____ Hearing _____
sent _____ for hearing. _____ Held _____ with _____
Exemption _____ in previous year \$ _____ Account No. _____

EXEMPTION DISALLOWED _____

EXEMPTION ALLOWED \$ _____ on Valuation of \$ _____

Date _____, 20 _____ BOARD OF ASSESSORS
Of _____

Certificate No. _____

FISCAL YEAR
2004

APPLICANT

ADDRESS

LOCATION OF PROPERTY

NAME OF CITY OR TOWN

Ward _____ Line _____

Precinct _____ Page _____

MAP & PARCEL NUMBER _____

THE COMMONWEALTH OF MASSACHUSETTS

BLIND PERSON
APPLICATION FOR
STATUTORY EXEMPTION
FROM REAL ESTATE TAX