

ASSESSORS USE ONLY	
17	41C
Date Received Application No. Parcel ID.	

TOWN OF LEICESTER
City or Town
Fiscal Year **2004**

**SENIOR 70 AND OVER
APPLICATION FOR STATUTORY EXEMPTION**

General Laws Chapter 59, Sections 5

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

**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.**

INSTRUCTIONS: Complete all sections fully. Please print or type.

A. IDENTIFICATION:

Name of Applicant _____

Marital Status _____ Social Security No. _____
(Optional)

Legal Residence (Domicile) on July 1, _____

Mailing Address (If different) _____ Tel. No. _____

Location of Property _____ No. Of Dwelling Units _____

Did you own the 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, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? Yes [] No []

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

DISPOSITION OF APPLICATION (ASSESSORS USE ONLY)		
_____ Ownership	_____ GRANTED	Assessed Tax _____
_____ Occupancy	_____ DENIED	Exempted Tax _____
_____ Status	_____ DEEMED DENIED	Adjusted tax _____
_____ Income	Date Voted /Deemed Denied _____	BOARD OF ASSESSORS
_____ Assets	Certificate No. _____	_____
	Date Cert. / Notice Sent _____	_____
	Exemption: Clause _____	_____
		Date _____

B. EXEMPTION STATUS:

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 10 years? Yes [] No []

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

Address	Dates	Owned	Occupied
_____	_____	[]	[]
_____	_____	[]	[]
_____	_____	[]	[]

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR: Copies of your federal and state income tax returns may be requested to verify your income.

	Applicant And Spouse	Co-Owner(s) and Spouse(s)
Retirement Benefits (Social Security, Railroad, Federal, Mass. and Political Subdivisions)	_____	_____
Other Pensions and Retirement Allowances	_____	_____
Wages, Salaries and other Common	_____	_____
Net Profits from Business or Profession	_____	_____
Interest and Dividends	_____	_____
Other Receipts (Rent, Capital Gains, etc.)	_____	_____
TOTALS	_____	_____

D. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR: Documentation may be requested to verify your assets.

REAL ESTATE:	Assessed Valuation	Amount Due On Mortgage	VALUE
Domicile _____	_____	_____	_____
All Other _____	_____	_____	_____
PERSONAL ESTATE:			
Bank Accounts:			
Name and Address of Bank	Account No.		
_____	_____		
_____	_____		
_____	_____		
Stocks, Bonds, Securities, Etc.			
Description and amount			

Motor Vehicles and Trailers			
Year	Make	Model	
_____	_____	_____	
_____	_____	_____	
Other Non-Exempt personal Property			
Kind	Description		
_____	_____		
		TOTAL	_____

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, it and all accompanying documents and statements are true, correct and complete.

Your Signature

Date

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