

17	42&43
Assessors' Use only	
Date Received	
Application No.	
Parcel Id.	

\_\_\_\_\_  
Name of City or Town

**SURVIVING SPOUSE OR MINOR**  
**FISCAL YEAR \_\_\_\_\_ 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 April 1, or  
3 months after actual (not preliminary) tax bills are  
mailed for fiscal year if later.

**INSTRUCTIONS:** Complete the following. Please print or type.

**A. IDENTIFICATION.** Complete this section fully.

Name of Applicant _____	
Telephone Number _____	Marital Status _____
Legal Residence (Domicile) on July 1, _____	Mailing Address (If different) _____
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, _____? 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, _____? 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.** Complete the questions that follow.

☐ **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, GO ON TO SECTION C

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

GO ON TO SECTION D

**C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.** Complete this section. 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		Value
	_____		_____
	_____		_____
	Stocks, bonds, securities, etc.: Description & amount		Value
	_____		_____
	_____		_____
	Motor vehicles & trailers: Year/Make/Model		Value
	_____		_____
	Other non-exempt personal property: Kind & description		Value
	_____		_____
	_____		_____
	TOTAL		_____

GO ON TO SECTION D

**D. 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.