

Assessor Use Only
MGL Ch 59 § 5 Clause 17d
Date Received:

Town of Groveland
Fiscal Year 2005

SENIOR 70 AND OLDER or SURVIVING SPOUSE or MINOR CHILD
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.)

Must be filed with the Board of Assessors on or before December 15, or 3 months after the actual (not preliminary) tax bills are mailed for the 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, 2004 _____

Mailing Address (If different) _____ Tel No. _____

Did you own the property July 1, 2004? _____

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, 2004 _____ (If yes, attach Trust Instrument)

Have you been granted an exemption in any other city or town this year? _____

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	_____
_____ Assets	Date _____		_____

			Board of Assessors

B. EXEMPTION STATUS – Please complete the applicable box.

Surviving Spouse

Spouse's Name _____
 Date of Death _____
 Have you remarried _____ If yes, Date _____
 Are you a surviving spouse of a firefighter or police officer killed in the line of duty? _____
 If yes, go to section D.

Surviving Minor Child

Deceased Parent's Name _____
 Date of Death _____
 Are you a surviving minor child of a firefighter or police officer killed in the line of duty? _____
 If yes, go to section D.

70 Years Old or Older

Date of Birth _____
 Have you owned and occupied the property for at least 10 years? _____
 If no, please list the other properties you owned and/or occupied during the past 10 years?

Address	From	To	Owned	Occupied
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Real Estate

	<u>Assessed Value</u>	<u>Mortgage Balance</u>	<u>Value</u>
Domicile	_____	_____	_____
All Other	_____	_____	_____

Motor Vehicles and Trailers

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Accounts

<u>Bank Name</u>	<u>Account #</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stocks, Bonds, Securities, Etc

<u>Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

List all Other Non-Exempt Personal Property

Total Value _____

Total _____

D. SIGNATURE

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

 Signature _____ Date

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