

THE COMMONWEALTH OF MASSACHUSETTS
YARMOUTH

FISCAL YEAR 2021

SENIOR 65 AND OLDER

APPLICATION FOR ELDERLY EXEMPTION (41C)

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 Board of Assessors on or before April 1

Name of Applicant _____
Property Location: _____
Mailing Address: _____

Marital Status: _____
Telephone #: _____
Email: _____
MBLU: _____ # of Units: _____

Have you been domiciled in Massachusetts for the last 10 consecutive years? YES NO
Have you owned and occupied this or any property in Massachusetts for at least 5 years? YES NO
Did you own and occupy this property as your domicile as of July 1, 2020? YES NO
If yes, were you: sole owner owner with spouse co-owner with someone else (check one)
Was the property subject to a trust as of July 1, 2020? YES NO

**If yes, please attach trust documents including schedule of beneficiaries (if not already on file with assessors).*

Applicant's Date of Birth: _____ (1st time applicants, please provide proof of age)

Gross Receipts From all Sources in Preceding Calendar Year (all of 2019)

PLEASE PROVIDE COPIES OF ALL SUPPORTING PAPERWORK

Public Retirement Income (Social Security, Federal/State/Local Govt. Pensions, Railroad)

Applicant _____ Spouse (co-applicant) _____ Subtotal: _____

Social Security Exclusion (Deduction)..... - _____

If filing as Single, please deduct \$4,758 Enter your deduction amount on this line

If filing as Married, please deduct \$7,137

Subtotal \$ _____

Other Pensions & Retirement Allowances, RMDS..... + _____

Wages, Salaries, and Other Compensation + _____

Net Profits from Business or Profession + _____

Interest and Dividends + _____

Other Receipts (Rent, Capital Gain, Etc.)..... + _____

TOTALS \$ _____

SEE REVERSE SIDE

Personal Estate & Assets

**Please provide copies of ALL statements showing balances as of
July 1, 2020**

BANK ACCOUNTS

Bank: _____ Account Type _____
Amount \$ _____

Bank: _____ Account Type _____
Amount \$ _____

Bank: _____ Account Type _____
Amount \$ _____

TOTAL: \$ _____

**STOCKS, BONDS, SECURITIES, ANNUITIES, IRA's,
and Other Non-Exempt Personal Property**

Type: _____
Amount \$ _____

Type: _____
Amount \$ _____

Type: _____
Amount \$ _____

Type: _____
Amount \$ _____

Asset Total: _____

TOTAL: _____

Your Signature: _____ Date: _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership _____
Occupancy _____
Status _____
Income _____
Assets _____

GRANTED _____
DENIED _____
DEEMED DENIED _____
Date Voted/Deemed Denied _____
Certificate Number _____

Assessed _____
Exempted Tax _____
Adjusted Tax _____
BOARD OF ASSESSORS

