

THE COMMONWEALTH OF MASSACHUSETTS  
YARMOUTH

FISCAL YEAR

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, 2021**

Name of Applicant \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Property Location: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ 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, ? 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, ? 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 \_\_\_\_\_)**

**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, deduct \$4,834** Enter your deduction amount on this line.

**If filing as Married, deduct \$7,251**  
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,**

**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 \_\_\_\_\_

GRANTED \_\_\_\_\_

Assessed \_\_\_\_\_

Occupancy \_\_\_\_\_

DENIED \_\_\_\_\_

Exempted Tax \_\_\_\_\_

Status \_\_\_\_\_

DEEMED DENIED \_\_\_\_\_

Adjusted Tax \_\_\_\_\_

Income \_\_\_\_\_

Date Voted/Deemed Denied \_\_\_\_\_

Assets \_\_\_\_\_

Certificate Number \_\_\_\_\_

BOARD OF ASSESSORS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_