

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**

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, 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,**

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

