

THE COMMONWEALTH OF MASSACHUSETTS
YARMOUTH

FISCAL YEAR

APPLICATION FOR ELDERLY TAX DEFERRAL (41A)

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 five years? YES NO
Have you occupied the above property as your domicile as of July 1, ? YES NO
If yes, were you: sole owner co-owner co-owner with spouse (please 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? _____
If first-time applicant, please attach a copy of birth certificate or Massachusetts driver's license/identification

Is there a mortgage on this property? YES NO If yes, remaining principal: _____
Name(s) of mortgagee(s): _____

What portion of your real estate tax would you like to defer? (enter amount) _____

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: _____
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	\$	_____

Signature

Date

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership _____	GRANTED _____	Assessed _____	BOARD OF ASSESSORS _____ _____ _____
Occupancy _____	DENIED _____	Exempted Tax _____	
Status _____	DEEMED DENIED _____	Adjusted Tax _____	
Income _____	Date Voted _____		
Assets _____	Cert. # _____		