

Instructions for Filing Statutory Exemptions
Clause 41C and 17D

When filing an application for the Statutory Exemptions Clause 41C and 17D the following information is needed in order to complete the application process:

- Current information regarding your monthly income such as Social Security amount (letter showing “Gross” amounts received for year), SSI benefits, Pensions received, Rental income or any other form of income.
- Copies of all banking/asset information as of **JULY 1st** such as checking account statements, savings accounts, IRA’s, CD’s, Stocks, Money Markets, etc.
- Copy of Income tax returns filed.

Under Massachusetts General Law Chapter 59, Section 5, the Assessors are required to verify the income and asset holdings of all applicants every year in order to determine if the applicant qualifies for the exemption.

NOTE: The Board of Assessors has jurisdiction to abate timely filed applications only. Applications must be filed with the Board of Assessors before December 15 **or** three months after the actual tax bills are mailed.

If you require any additional information, please contact the Assessors Office at (617) 625-6600 x 3100 or email assessing@somervillema.gov.

Somerville Assessors Office
93 Highland Ave.
Somerville, MA 02143

ASSESSORS USE ONLY			
17	41	42	43
Date Received			
Application No.			
Parcel ID.			

Somerville
NAME OF CITY OR TOWN

Fiscal Year _____

SENIOR 70 AND OLDER - SURVIVING SPOUSE - MINOR
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 Board of Assessors on or before December 15 or 3 months after actual (not preliminary) tax bills are mailed for fiscal year if later.

INSTRUCTIONS: Complete all sections that apply. Please print or type.

A. IDENTIFICATION: (Complete this section fully.)

Name of Applicant _____

Marital Status _____ Social Security No. _____
(optional)

Legal Residence (Domicile) on July 1, _____

Mailing Address (If different) _____ Tel. No. _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, ____? Yes No

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, ____? Yes No

(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? Yes No

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	_____
_____ Income	Date Voted /Deemed Denied _____	BOARD OF ASSESSORS	
_____ Assets	Certificate No. _____	_____	_____
	Date Cert./Notice Sent _____	_____	_____
	Exemption : Clause _____	Date	_____

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES.

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

B. EXEMPTION STATUS: Check the status that applies to you and complete the questions that follow.

SURVIVING SPOUSE

Deceased Spouse's Name _____

Date of Death _____

Have you remarried? Yes No

If yes, date of remarriage _____

MINOR WITH PARENT DECEASED

Deceased Parent's Name _____

Date of Death _____

(If first year of application, attach copy of death certificate.)

Are you a surviving spouse or minor child of a firefighter or police officer killed in the line of duty? Yes No

IF NO, GO ON TO SECTION D.

If yes, and this is the first year of your application, provide circumstances of death.

IF NO, GO ON TO SECTION E.

PERSON 70 YEARS OLD OR OLDER: Date of Birth _____

(If first year of application, attach copy of birth certificate.)

Have you owned and occupied the property as your domicile for at least 10 years? Yes No

If no, list the other properties you owned and/or occupied during the past 10 years.

Address	Dates	Owned	Occupied
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

GO ON TO SECTION C.

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR: Complete this section if you are 70 years old or older. Copies of your federal and state income tax returns may be requested to verify your income.

	Applicant and Spouse	Co-Owner(s) and Spouse(s)
Retirement Benefits (Social Security, Railroad, Federal, Mass. and Political Subdivisions)	_____	_____
Other Pensions and Retirement Allowances	_____	_____
Wages, Salaries and other Compensation	_____	_____
Net Profits from Business or Profession	_____	_____
Interest and Dividends	_____	_____
Other Receipts (Rent, Capital Gains, etc.)	_____	_____
TOTALS	_____	_____

GO ON TO SECTION D.

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

REAL ESTATE:	Assessed Valuation	Amount Due On Mortgage	VALUE
Domicile _____	_____	_____	_____
All Other _____	_____	_____	_____
PERSONAL ESTATE:			
Bank Accounts:			
Name and Address of Bank		Account No.	
_____		_____	
_____		_____	
Stocks, Bonds, Securities, Etc.			
Description and Amount			

Motor Vehicles and Trailers			
Year Make Model			

Other Non-Exempt Personal Property			
Kind Description			

			TOTAL

GO ON TO SECTION E.

E. SIGNATURE. Sign here to complete the application.

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

Your Signature

Date

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