



PINK FORM

G.L. Ch.59 s 5 Clause 17C 1/2

Commonwealth of Massachusetts/City of Springfield

2009

SURVIVING SPOUSE/AGED PERSON/MINOR APPLICATION

MUST BE FILED ON OR BEFORE DECEMBER 15th OR THREE MONTHS FROM THE MAILING OF THE ACTUAL (NOT PRELIMINARY) TAX BILL THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

A IDENTIFICATION	1 Name of Record Owner _____
	2 Applicant Name _____
	3 Mailing Address _____
	4 Street address of property upon which exemption is claimed _____
	5 Street/Parcel _____
	6 Telephone _____ 7 Date of Birth _____
	7 Social Security No. _____ / _____ / _____ 8 Marital Status _____
	B STATUS
<input type="checkbox"/> Surviving Spouse Spouse's Name _____ Date of Spouse's death _____ <input type="checkbox"/> Minor whose parent is deceased Name of deceased parent _____ Date of Parent's death _____ <u>PLEASE ATTACH A COPY OF DEATH CERTIFICATE</u>	
<input type="checkbox"/> Person over 70 years of age Have you owned and occupied the property as your principal place of residence for more than 10 years prior to this application? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>FIRST TIME FILERS PLEASE ATTACH A COPY OF YOUR BIRTH CERTIFICATE</u>	
C ELIGIBILITY INFORMATION	11 Did you own and occupy the above property as your principal residence as of July 1st? YES <input type="checkbox"/> NO <input type="checkbox"/>
	12 Did you own any other real estate within or outside Massachusetts as of July 1st? YES <input type="checkbox"/> NO <input type="checkbox"/>
	a. If yes, indicate the total assessed value of that property. (Attach recent tax bill) \$ _____
	b. List any outstanding mortgage balance as of July 1st. \$ _____
	c. List your % of ownership _____ %
	13 List all non-real estate assets as of July 1st. BALANCE as of July 1st
	a. Amount in Bank Accounts (List Institution & balance in all Savings, CD's, Checking, etc.) \$ _____
	Bank 1 _____ \$ _____
	Bank 2 _____ \$ _____
	Bank 3 _____ \$ _____
Bank 4 _____ \$ _____	
b. List the value of any stocks, bonds and securities that you own \$ _____	
c. List the Value of any Motor Vehicle(s) Model _____ Year _____ \$ _____	
TOTAL ASSETS \$ _____	

COPIES OF FEDERAL OR STATE INCOME TAX RETURNS MAY BE REQUIRED FOR SUBSTANTIATION

PLEASE CONTINUE ON BACK

FOR ASSESSORS USE ONLY HEARING DATE:	APPROVED _____	ASSESSED VALUE _____
	DENIED/ REASON _____	EXCLUSION _____ (150,000)
	SIGNATURE _____	ASSET OVERAGE _____
	DATE _____	

D

SIGN HERE

14 SIGN HERE TO COMPLETE THE APPLICATION -- YOU MUST SIGN THE APPLICATION

This application has been prepared and 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 an agent, attach a copy of written authorization to sign on behalf of the taxpayer

15 By requesting consideration for exemption, I hereby authorize the City of Springfield Assessors Office to make any and all inquiries to any party regarding any bank account, whether held in my name individually, as a trustee or agent, against which I have the power to draw, whether or not my name appears.

Your Signature

Date

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

Return this form to: Assessors Office Springfield City Hall 36 Court Street Springfield, MA 01103-1698

FISCAL YEAR

2009

CERTIFICATE NUMBER

SURVIVING SPOUSE/AGED PERSON/MINOR