

TOWN OF OAK BLUFFS

Fiscal Year 2024

SENIOR 65 AND OLDER

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 April 1, or within 3 months after actual (not preliminary) tax bills are mailed for fiscal year if later.

Complete all sections fully. Please print or type.

A. IDENTIFICATION

Name of Applicant _____

Marital Status _____

Legal Residence (Domicile) on July 1, 2023? _____

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

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, 2023? 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, 2023? Yes No

If yes, attach trust document 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 _____

_____ Assets Date Voted/Deemed Denied _____

Certificate No. _____

Date Cert./Notice Sent _____

BOARD OF ASSESSORS

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

B. EXEMPTION STATUS:

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"/>

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR: Copies of your federal and state income tax returns may be requested to verify your income.

	Applicant and Spouse	Co-Owner 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	_____	_____

D. VALUE OF ALL PROPERTY OWNED ON JULY 1, 2023 ? . Documentation may be requested to verify assets.

REAL ESTATE:	Assessed Valuation	Amount Due on Mortgage	VALUE
Domicile _____	_____	_____	_____
All Other _____	_____	_____	_____

PERSONAL ESTATE **BALANCE**

Bank Accounts:

Name and Address of Bank	Account No.	
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stocks, Bonds, Securities, Etc.

Description and Amount	
_____	_____
_____	_____

Other Non-Exempt Personal Property

Kind	Description	
_____	_____	_____

TOTAL _____

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.