

ASSESSORS USE ONLY

DATE RECEIVED

THE COMMONWEALTH OF MASSACHUSETTS
WESTFORD

MEANS TESTED SENIOR CITIZEN PROPERTY TAX EXEMPTION

Chapter 314 of the Acts of 2020

FY2023 RE TAX BILL NUMBER _____ **FY 2023** APPLICATION

THIS APPLICATION IS **NOT** OPEN TO PUBLIC INSPECTION
GENERAL LAWS CHAPTER 59, SECTION 5
MUST BE FILED WITH BOARD OF ASSESSORS
NO LATER THAN APRIL 1ST OF EVERY YEAR

A. IDENTIFICATION: Complete all sections.

Name of Applicant

Status

Tel. No/ email

MARRIED/SINGLE

Legal Residence (Domicile) on July 1, 2022:

Mailing Address (If different)

Location of Property

No. of Dwelling Units

1 Other _____ units

If yes, were you: Sole Owner Co-Owner with Spouse Only Co-Owner with Others?

Is the property in a Trust? as of _____ (date) YES NO

(IF YES, ATTACH TRUST DOCUMENT)

Have you been granted any exemption in any other city/town for this year? YES NO

B.

Did you receive the Massachusetts Circuit Breaker income tax credit in calendar year **2021**? YES NO
AMOUNT FROM INCOME TAX; line 44 _____

IF NO, STOP. THIS PROGRAM REQUIRES THAT THE OWNER HAS TO HAVE RECEIVED THE MA Income Circuit Breaker for **calendar year 2021**.

C.

What was the Town of Westford assessed value for your property in **FY2022**? _____

IF THE VALUE IS GREATER THAN **480,320**; STOP. This program requires an assessed value threshold of **less than 480,320** for **FY2022**.

D.

Have you applied for any other real estate tax exemptions this year? YES NO If so, which one(s): _____

E.

Date of Birth, owner : _____, age _____ (provide birth certificate; must be age 65 or older as of July 1, 2022)

Date of Birth, co-owner, name: _____, age _____ (provide birth certificate; must be age 60 or older as of July 1, 2022)

Other owners, if applicable; provide same:

Date of Birth, co-owner, name: _____, age _____ (provide birth certificate; must be age 60 or older as of July 1, 2022)

Date of Birth, co-owner, name: _____, age _____ (provide birth certificate; must be age 60 or older as of July 1, 2022)

F.

Did you own and occupy the property on July 1, 2022? YES NO

Have you resided (rent or own) in Westford for the past 10 years? _____ YES NO

G. HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR. List income received from all sources for applicant and spouse or any co-owner of household. Copies of federal income tax returns are required to verify income reported.

	Applicant And Spouse	Co-Owner(s) and Spouse(s)	TOTALS
Wages, salaries, other compensation	\$	\$	\$
Social Security			
Other pension/retirement benefits			
Interest/dividends			
Rental income			
Net profits from business or profession			
Capital gains			
Alimony			
Child support			
Public assistance			
Unemployment compensation			
Disability compensation			
Other (specify):			
Winnings			
TOTAL GROSS INCOME	\$	\$	\$

Continue list on attachment, in same format, as necessary.

H. **ASSETS** List assets owned; such as bank accounts, stocks, bonds, securities, investments, other.

Applicant
And Spouse Co-Owner(s)
and Spouse(s) **TOTALS**

Bank account(s) TOTALED:			
Stocks, bonds, securities			
Other (specify): _____			
Other (specify): _____			
Other (specify): _____			
TOTAL ASSETS	\$	\$	\$

I.
REAL ESTATE: Location
Other Real Estate Owned _____
(such as condo, vacation house)

J. SIGNATURE. Sign here to complete the application.

Under the pains & penalties of perjury, I declare that to the best of my knowledge it and all accompanying documents and statements are true, correct, and complete.
By submitting this application, you agree to allow the Assessors to review your eligibility for other, statutory exemptions. Statutory exemptions must be applied to the tax bill, before the Means Tested Exemption can be calculated.

Applicant Signature Date

IF SIGNED BY AGENT, ATTACH COPY OF WRITTEN AUTHORIZATION TO SIGN ON BEHALF OF TAXPAYER
THERE IS NO APPEAL FOR THIS PROGRAM.

DISPOSITION OF APPLICATION

<input type="checkbox"/>	GRANTED	Assessed Tax \$ _____
<input type="checkbox"/>	DENIED	Exempted Tax \$ _____
<input type="checkbox"/>	DEEMED DENIED	Assessed Tax \$ _____

BOARD OF ASSESSORS

_____ Date: _____

_____ Date: _____

_____ Date: _____