

<b>ASSESSORS USE ONLY</b>
<u>DATE RECEIVED</u>

**THE COMMONWEALTH OF MASSACHUSETTS**  
**WESTFORD**

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**MEANS TESTED SENIOR CITIZEN PROPERTY TAX EXEMPTION**  
Chapter 314 of the Acts of 2020

**FY2026** RE TAX BILL NUMBER \_\_\_\_\_ **FY 2026** 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.

<b>Name of Applicant</b>	<b>Status</b> MARRIED/SINGLE	<b>Tel. No/ email</b>
_____	_____	_____
<b>Legal Residence (Domicile) on July 1, 2025:</b>	<b>Mailing Address (If different)</b>	
_____	_____	
<b>Location of Property</b>	<b>No. of Dwelling Units</b>	
_____	<input type="checkbox"/> 1 <input type="checkbox"/> Other _____ units	
If yes, were you: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-Owner with Spouse Only <input type="checkbox"/> Co-Owner with Others?		
Is the property in a Trust? as of _____ (date) <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH TRUST DOCUMENT)</small>		
Have you been granted any exemption in any other city/town for this year? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**B.**  
Did you receive the Massachusetts Circuit Breaker income tax credit in calendar year 2024?  YES  NO  
Attach copy of 2024 MA State Tax returns. AMOUNT FROM 2024 MA STATE INCOME TAX RETURN; line 44 \_\_\_\_\_

**IF NO, STOP.** THIS PROGRAM REQUIRES THAT THE OWNER HAS TO HAVE RECEIVED THE MA Income Circuit Breaker for **calendar year 2024.**

**C.**  
What was the Town of Westford assessed value for your property in FY2025? \_\_\_\_\_  
**IF THE VALUE IS GREATER THAN 756,500; STOP.** This program requires an assessed value threshold of **less than 756,500** for **FY2026.**

**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, 2025)

**Date of Birth, co-owner, name:** \_\_\_\_\_, age \_\_\_\_\_ (provide birth certificate; must be age 60 or older as of July 1, 2025)

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, 2025)

**Date of Birth, co-owner, name:** \_\_\_\_\_, age \_\_\_\_\_ (provide birth certificate; must be age 60 or older as of July 1, 2025)

**F.**

**Did you own and occupy the property on July 1, 2025?**  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 (2024).** List income received from all sources for applicant, spouse or contributory occupant or any co-owner of household. Copies of 2024 MA State Income Tax Returns are required to verify income.

	<u>Applicant And Spouse</u>	<u>Co-Owner(s) and Spouse(s)</u>	<b>TOTALS</b>
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			
<b>TOTAL GROSS INCOME</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>



APPLICANT NAME: \_\_\_\_\_

IF DENIED, REASON: \_\_\_\_\_

**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: \_\_\_\_\_