

THE COMMONWEALTH OF MASSACHUSETTS
WESTFORD

ASSESSORS USE ONLY		
17D	41C	DISABLED
DATE RECEIVED		

SENIOR 70 & OLDER - SURVIVING SPOUSE - MINOR CHILD - DISABLED
FY 2026 APPLICATION FOR STATUTORY EXEMPTION / LOCAL OPTION EXEMPTION

[Empty box for applicant information]

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 that apply. If you qualify under more than one category, you will receive the exemption that provides the greatest amount of assistance. (Please PRINT or TYPE)

<u>Name of Applicant</u>	<u>Marital Status</u>	<u>Tel. No</u>
_____	_____	_____
<u>Legal Residence (Domicile) on July 1, 2025</u>	<u>Mailing Address (If different)</u>	
_____	_____	
<u>Location of Property</u>	<u>No. of Dwelling Units</u>	
_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other	
Did you own the property on July 1, 2025? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, were you: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-Owner with Spouse Only <input type="checkbox"/> Co-Owner with Others?		
Was the property subject to a trust as of July 1, 2025? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH TRUST INSTRUMENT INCLUDING ALL SCHEDULES.)		
Have you been granted any exemption in any other city/town or state for this year? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, name of city or town _____ Amount exempted \$ _____		

DISPOSITION OF APPLICATION (ASSESSOR'S USE ONLY)

<input type="checkbox"/> Ownership	<input type="checkbox"/> GRANTED	Assessed Tax _____
<input type="checkbox"/> Occupancy	<input type="checkbox"/> DENIED	Exempted Tax _____
<input type="checkbox"/> Status	<input type="checkbox"/> DEEMED DENIED	Adjusted Tax _____
<input type="checkbox"/> Income		
<input type="checkbox"/> Assets	Exemption: Clause _____	_____
	Certificate No. _____	_____
	Date Cert./Notice Sent _____	_____

BOARD OF ASSESSORS

Date Voted/Deemed Denied _____ Date _____

B. EXEMPTION STATUS. (17D) 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 a minor child of a firefighter or a police officer killed in the line of duty?
 YES NO

IF NO, AND NO OTHER STATUS APPLIES TO YOU, GO ON TO SECTION D
IF YES, AND THIS IS THE FIRST YEAR OF YOUR APPLICATION, PROVIDE CERTIFICATE OF DEATH

PERSON 70 YEARS OLD OR OLDER Date of Birth _____
(If 1st time applying include a 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	Own	Occupy
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DISABLED PERSON LESS THAN 70 YEARS OLD Date of Birth _____

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	Own	Occupy
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have the determination of disability from the Social Security Administration? Yes No

Please submit your letter of determination from the Social Security Administration and continue to the Revenue & Assets Sections

LETTER SUBMITTED? Yes No

If no, you do not qualify for this local option tax exemption.

C. HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR (2024). List income received from all sources for applicant and spouse or any co-owner of household. Copies of **2024 Federal Income Tax Returns (1040)** Are Required to verify income reported.

	<u>Applicant And Spouse</u>	<u>Co-Owner(s) and Spouse(s)</u>	
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.

D. VALUE OF ALL PROPERTY ON JULY 1, 2025.

Complete this section if you are a (1) surviving spouse, (2) minor child (3) 70+ Years or (4) Disabled as of July 1.

<u>REAL ESTATE:</u>	<u>Location</u>	<u>Mortgage & Amt Due</u>	<u>Property Value</u>
Domicile	_____	_____	_____
Other (2 nd home)	_____	_____	_____
Other (Land)	_____	_____	_____
Other (Vacation Property)	_____	_____	_____
Other (Motor Home)	_____	_____	_____

PERSONAL ESTATE:

LIST & **INCLUDE COPIES OF THE JULY 2025** STATEMENTS FOR ALL BANK, CREDIT UNIONS, CD'S, ANNUITY & IRA ACCOUNTS, STATEMENTS ARE REQUIRED WHEN APPLICATION IS SUBMITTED TO VERIFY YOUR ASSETS. APPLICATIONS WILL BE RETURNED IF STATEMENTS ARE NOT INCLUDED, OF THE CURRENT CALENDAR YEAR AS REQUIRED: (attach list if you have additional)

Name and Address of Bank

Account No.

Account Value

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST BALANCE AMOUNTS AND INCLUDE COPIES OF THE JULY 1ST 2025 STATEMENTS FOR ALL STOCKS, BONDS, SECURITIES, ETC. AS REQUIRED (ATTACH LIST FOR ADDITIONAL)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Motor Vehicles and Trailers

Year

Make

Model

Value

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Non-Exempt Personal Property

Type

Description

Value

_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSET TOTALS _____

E. 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.

Applicant Signature

Date

IF SIGNED BY AGENT, ATTACH COPY OF WRITTEN AUTHORIZATION TO SIGN ON BEHALF OF TAXPAYER