17D

STATE TAX FORM 96-6

THE COMMONWEALTH OF MASSACHUSETTS

Assessor Use Only
MGL Ch 59 § 5 Clause 17d
Date Received:

Town of Natick
Fiscal Year 20___

SENIOR 70 AND OLDER or SURVIVING SPOUSE or MINOR CHILD

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 the Board of Assessors on or before December 15, or 3 months after the actual (not preliminary) tax bills are mailed for the fiscal year if later.

INSTRUCTIONS. Complete all sections fully. Please print or type.

A. IDENTIFICATION.

Name of Applicant _____

Marital Status _____

Legal Residence (Domicile) on July 1, 20___?_____

Mailing Address (If different) _____ Tel No. _____

Did you own the property July 1, 20___? _____

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, 20___? _____ (If yes, attach Trust Instrument)

Have you been granted an exemption in any other city or town this year? _____
If yes, name of City or Town _____ Amount Exempted $_____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

_____Ownership	_____GRANTED	Assessed Tax _____
		Exempted Tax _____
_____Occupancy	_____DENIED	Adjusted Tax _____
_____Status	_____DEEMED DENIED	_____
_____Assets	Date _____	_____
		_____
		Board of Assessors

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B. EXEMPTION STATUS – Please complete the applicable box.

Surviving Spouse

Spouse's Name _____
Date of Death _____
Have you remarried _____ If yes, Date_____
Are you a surviving spouse of a firefighter or police officer killed in the line of duty? _____
If yes, go to section D.

Surviving Minor Child

Deceased Parent's Name _____
Date of Death _____
Are you a surviving minor child of a firefighter or police officer killed in the line of duty? _____
If yes, go to section D.

70 Years Old or Older

Date of Birth _____
Have you owned and occupied the property for at least 10 years? _____
If no, please list the other properties you owned and/or occupied during the past 10 years?

Address	From	To	Owned	Occupied

B. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR. Documentation may be requested to verify your assets.

Real Estate

	Assessed Value	Mortgage Balance	Value
Domicile			
All Other			

Motor Vehicles and Trailers

Year	Make	Model	Value

Bank Accounts

Bank Name	Account #	Amount

Stocks, Bonds, Securities, Etc

Description	Amount

List all Other Non-Exempt Personal Property

Total Value _____

Total _____

D. SIGNATURE

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

_____ _____

Signature Date

If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.

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