



THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF HAMILTON

**FISCAL YEAR 2020**

ASSESSOR USE ONLY

Parcel I.D. \_\_\_\_\_  
Date Received: \_\_\_\_\_

# FISCAL YEAR 2020 APPLICATION FOR CHAPTER 91 SENIOR EXEMPTION

This application must be submitted to the Hamilton Assessor's Office no later than:  
**JANUARY 31, 2019**

## 1. IDENTIFICATION: (Complete all sections fully)

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Will you be 65 years or older by **JULY 1, 2019**? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes and first year of application, please attach a copy of birth certificate.*

Location of Property \_\_\_\_\_

The above location must be your Legal Residence (Domicile) as of **JULY 1, 2019**.

Is this your Principal Place of Residence? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you resided in Hamilton at least 10 consecutive years? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you own & occupy the property for at least 6 months + 1 day each year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, were you: Sole Owner \_\_\_\_\_ Co-Owner with Spouse Only \_\_\_\_\_

Co-Owner with Others \_\_\_\_\_

Is the property subject to a trust? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(If yes, attach instrument including all schedules)*

*\*\*\*Filing this application does not stay the collection of your taxes. To avoid interest and collection charges, you must pay taxes as billed by the due date. If the exemption is granted and the taxes are paid in full, then a refund will be made.*

OVER

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**2. INCOME**

GROSS HOUSEHOLD INCOME FROM ALL SOURCES IN CALENDAR YEAR **2017** FOR EACH MEMBER OF HOUSEHOLD AS FOLLOWS: 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, Tax Exempt Interest and Dividends, Alimony, Child Support, Rental income, Capital gains, Cash Public Assistance, Income from a Partnership or Trust, Returns on Capital reported on Schedule C and excluded income from any other source.

**Total Number of persons residing in Household:**

Name: First, Middle, Last	Relationship To Applicant	Soc Sec #	Date of Birth	Annual Total Income (All Sources)
	Applicant			
	Spouse			

**GROSS HOUSEHOLD INCOME:** \$ \_\_\_\_\_

Did you or any member of your household file a Federal and/or State Tax Return(s) for calendar year **2017**?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, copies of **2017 Federal/State Tax Returns are required for all household members.**

If NO, please provide us with income documentation (Social Security Statement and any other source of income).

**(TAX RETURN INFORMATION WILL BE DESTROYED AFTER FINAL DISPOSITION OF THE APPLICATION)**

**PLEASE NOTE: INFORMATION ON THIS FORM IS NOT SUBJECT TO PUBLIC INSPECTION.**

SIGNATURE: (Sign below to complete 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.

\_\_\_\_\_  
**Signature(s)**

\_\_\_\_\_  
**Date**

*\*\*\* Filing this application does not stay the collection of your taxes. To avoid interest and collection charges, you must pay taxes as billed by the due date. If the exemption is granted and the taxes are paid in full, then a refund will be made*