



THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HAMILTON
FISCAL YEAR 2024

ASSESSOR
USE ONLY

Parcel ID: _____
Date Received: _____

FISCAL YEAR **2024** APPLICATION
FOR
CHAPTER 91 SENIOR EXEMPTION

This application must be submitted to the Hamilton Assessor's Office no later than:
April 1, 2024

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, 2023**? 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, 2023**.

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

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HAMILTON

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Parcel I.D. _____

Date Received: _____

FISCAL YEAR 2024

2. INCOME

GROSS HOUSEHOLD INCOME FROM ALL SOURCES IN CALENDAR YEAR **2022** 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 **2022**?
Yes _____ No _____

If YES, copies of **2022 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

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