



THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HAMILTON
FISCAL YEAR 2013

| |
|---------------------|
| ASSESSOR USE ONLY |
| Parcel I.D. _____ |
| Date Received _____ |

FISCAL YEAR 2013 APPLICATION FOR CHAPTER 91 SENIOR EXEMPTION

This application must be submitted to the Hamilton Assessors Office no later than **JANUARY 31, 2012**

1. IDENTIFICATION: (Complete all sections fully)

Name of Applicant _____

Mailing Address _____ Tel. No. _____

Marital Status _____

Will you be 70 years or older by **JULY 1, 2012**? 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, 2012**.

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)

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.**

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2. INCOME

GROSS HOUSEHOLD INCOME FROM ALL SOURCES IN CALENDAR YEAR 2010 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 2010? Yes_No__

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

If NO, please provide us with social security documentation.

(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.**



TOWN OF HAMILTON ~ OFFICE OF THE BOARD OF ASSESSORS
P.O. Box 429, Hamilton, Massachusetts 01936
Tel: (978) 468-5574 ~ Fax: (978) 468-2682

CHAPTER 91 SENIOR EXEMPTION INSTRUCTIONS FOR FISCAL YEAR 2013

~~ PLEASE RETURN BY JANUARY 31, 2012 ~~

PLEASE RETURN YOUR COMPLETED APPLICATION ALONG WITH THE FOLLOWING DOCUMENTATION

- COPY OF BIRTH CERTIFICATE, IF THIS IS FIRST TIME APPLICATION.
- SOCIAL SECURITY BENEFIT STATEMENT FOR 2010 (FORM SSA-1099) & SOCIAL SECURITY AMOUNT.
- COPY OF 2010 STATE AND FEDERAL INCOME TAX RETURN (INCLUDING SCHEDULES).
- COPIES OF RENT RECEIPTS FOR MULTI-FAMILY HOMES (IF APPLICABLE)
- ANY OTHER INFORMATION REQUESTED ON THE APPLICATION

ALL INFORMATION PROVIDED IS CONFIDENTIAL

- IF PROPERTY IS HELD IN A TRUST INCLUDE A COPY OF THAT TRUST (IF NOT PREVIOUSLY GIVEN TO BOARD OF ASSESSORS OR IF THERE HAVE BEEN ANY CHANGES IN THE TRUST SINCE YOUR LAST APPLICATION) - TRUST MUST BE PROVIDED SHOWING THAT YOU ARE STILL TRUSTEE AND BENEFICIARY OF THAT TRUST.

VERY IMPORTANT - PLEASE NOTE:

**** 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.**

INCOMPLETE APPLICATIONS CANNOT BE APPROVED AND THEREFORE WILL BE RETURNED TO YOU FOR ADDITIONAL INFORMATION. PLEASE BE SURE APPLICATION IS SIGNED.

WE THANK YOU IN ADVANCE FOR YOUR COOPERATION. PLEASE FEEL FREE TO CALL THE ASSESSORS OFFICE IF YOU NEED HELP FILLING OUT THE APPLICATION.

SINCERELY,

HAMILTON BOARD OF ASSESSORS

**FY13 REQUIREMENTS FOR
SPECIAL ACT-SENIOR EXEMPTION
CHAPTER 91**

| | |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APPLICATION DEADLINE | JAN 31, 2012 FOR FY13 |
| AGE BY JULY 1, 2012 | 70-BIRTH CERT REQUIRED |
| SINGLE PERSON | \$33,000 |
| MARRIED COUPLE | \$49,500 |
| OWNERSHIP | IF PROPERTY HELD IN TRUST PROVIDE COPY OF TRUST |
| RESIDENCY | MUST BE LEGAL RESIDENCE AS OF 7/1/12 PRINCIPAL PLACE OF RESIDENCY HAMILTON RESIDENCE MINIMUM 10 YR OWN & OCCUPY 6 MOS + 1DAY PER YR |
| TTL INCOME DOCUMENTATION FOR ALL HOUSEHOLD MEMBERS | 2010 FEDERAL & STATE TAX RETURNS (INCLUDING SCHEDULES) IF NO RETURNS FILED - SOCIAL SECURITY BENEFIT STATEMENT |