

# **FY20 Requirements for Special Act - Senior Exemption Chapter 91**

**APPLICATION DEADLINE**      **January 31, 2019** (for FY20)

**AGE BY JULY 1, 2018**    **65** - Birth Certificate Required First Year

**SINGLE PERSON**              **\$ 47,520** Total Household Income Limit

**MARRIED COUPLE**         **\$ 71,280** Total Household Income Limit

## **OWNERSHIP**

- If property is held in trust, provide copy of trust

## **HAMILTON RESIDENCY**

- Must be legal residence as of 7/1/19
- Principal place of residency
- Hamilton resident minimum 10 consecutive years
- Property owned and occupied by the applicant  
6 months plus 1 day each year

## **TOTAL INCOME DOCUMENTATION FOR ALL HOUSEHOLD MEMBERS**

- 2017 Federal & State Tax Returns (including schedules)
- If no returns filed - Social Security Benefit Statement and/or Retirement Statements and any other source of income



**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 2020**

***APPLICATION IS DUE ON JANUARY 31, 2019***

**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 **2017** (FORM SSA-1099)
- COPY OF **2017** 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**



THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF HAMILTON  
FISCAL YEAR 2020

ASSESSOR  
USE ONLY

Parcel ID. \_\_\_\_\_  
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

THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF HAMILTON

**ASSESSOR USE ONLY**

Parcel I.D. \_\_\_\_\_

Date Received: \_\_\_\_\_

**FISCAL YEAR 2020**

**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.