

Senior Surviving Spouse/ Minor Child with Deceased Parent Exemption
CLAUSE 17 ½, 17D, 17E
Town of Norwood Information Guide Fiscal Year 2022

The Senior Surviving Spouse/ Minor Child with Deceased Parent Exemption was approved at Town Meeting February 4, 2021.

Requirements:

- 1) Seniors who are at least 70 yrs old as of July 1, 2021
or
Widowed Parent with Minor Child under age 18 as of July 1, 2021. Parent may not have re-married
- 1) No Income Limit
- 2) Property owned and occupied property as a domicile for not less than 5 years
- 3) Whole estate of spouse, person or minor does not exceed a total of \$40,000

The following documentation must accompany the application:

1. Proof of Age: Drivers License, US Passport or Birth Certificate
2. Proof of Ownership and Occupancy- if property is in trust, copy of trust showing beneficiary schedule
3. All Financial Assets as of December 31, 2020: bank statements, stocks, CDs. Mutual Funds and any other Financial Assets

If Applicant meets the financial guidelines, the exemption amount of \$190.00 will be deducted from (\$95.00 per quarter) the 3rd & 4th quarter tax bills.

The Commonwealth of Massachusetts

17	22	37	41	42&43
Assessors' Use only				
Date Received				
Application No.				
Parcel Id.				

Name of City or Town

SENIOR -- SURVIVING SPOUSE OR MINOR
FISCAL YEAR _____ APPLICATION FOR STATUTORY EXEMPTION
General Laws Chapter 59, § 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 59, § 60)

Return to: Board of Assessors

Must be filed with assessors on or before December 15 or 3 months after actual (not preliminary) tax bills are mailed for fiscal year if later.

Exception: Seniors must file by the earlier abatement application deadline if local option Clause 41C½ accepted. See Assessors.

INSTRUCTIONS: Complete all sections that apply. If you qualify under more than one category, you will receive the exemption that provides the greatest amount of assistance. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____
 Telephone Number _____ Marital Status _____
 Legal Residence (Domicile) on July 1, _____ Mailing Address (if different) _____
 No. Street City/Town Zip Code _____
 Location of Property: _____ No. of Dwelling Units: 1 2 3 4 Other _____
 Did you own the property on July 1, _____? Yes No
 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, _____? Yes No
 If yes, please attach trust instrument including all schedules.
 Have you been granted any exemption in any other city or town (MA or other) for this year? Yes No
 If yes, name of city or town _____ Amount exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed Tax \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Exempted Tax \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted Tax \$ _____
Income <input type="checkbox"/>		
Assets <input type="checkbox"/>		
Date Voted/Deemed Denied _____		Board of Assessors
Certificate No. _____		
Date Cert./Notice Sent _____		
Exemption: Clause _____	Date: _____	

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

SURVIVING SPOUSE Deceased Spouse's Name _____
 Date of Death _____
 Have you remarried? Yes No If yes, date of remarriage _____

MINOR WITH PARENT DECEASED Deceased Parent's Name _____
 Date of Death _____

If first year of application, attach a copy of death certificate.

GO ON TO SECTION D

SENIOR 70 OR OLDER (65 or older by local option- See Assessors) Date of Birth _____
If first year of application, attach copy of birth certificate.

Have you owned and occupied the property as your domicile for at least 11 years? Yes No
(6 years if local option under Clause 41C½ adopted - See Assessors)

If no, list the other properties you owned and/or occupied during the past 11 years (6 years if local option under Clause 41C½ adopted - See Assessors.)

Address	Dates	Owned	Occupied
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Continue list on attachment in same format as necessary.

GO ON TO SECTION C

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR. Complete this section if you are a senior.
 Copies of your federal and state tax income returns, and other documentation, may be requested to verify your income.

	Applicant & Spouse	Co-owner(s) & Spouse(s)
Retirement Benefits (Social Security, Railroad, Federal, MA & Political Subdivisions)		
Other Pensions and Retirement Allowances.....		
Wages, Salaries and other Compensation		
Net Profits from Business, Profession or Property Rental		
Interest and Dividends		
Other Receipts (Capital Gains, Public Assistance, etc.).....		
TOTALS		

GO ON TO SECTION D

D. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR. Complete this section if you are a (1) surviving spouse, (2) minor child of a deceased parent, or (3) senior. Documentation may be requested to verify your assets.

Real Estate	Assessed Valuation	Amount Due on Mortgage	Value
Domicile	_____	_____	_____
Other	_____	_____	_____
Personal Estate			
Bank Accounts: Name & Address of Bank	_____		_____
	_____		_____
Stocks, Bonds, Securities, etc.: Description & Amount	_____		_____
	_____		_____
Motor Vehicles & Trailers: Year, Make & Model	_____		_____
	_____		_____
Other Non-exempt Personal Property: Kind & Description	_____		_____
	_____		_____
		TOTAL	_____
GO ON TO SECTION E			

E. SIGNATURE. Sign here to complete the 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, this return and all accompanying documents and statements are true, correct and complete.

Signature

Date

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