

Map & Lot #
Account #
Assessment
Assessed Taxes

GREENFIELD

Fiscal Year \_\_\_\_\_

BLIND  
**APPLICATION FOR STATUTORY EXEMPTION**  
 General Laws Chapter 59, Section 5

DATE APPLICATION RECEIVED
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THIS APPLICATION NOT OPEN TO PUBLIC INSPECTION  
 (SEE General Laws Chapter 59, Section 60)

MUST BE FILED WITH BOARD OF ASSESSORS ON OR BEFORE DECEMBER 15 OR 3 MONTHS AFTER ACTUAL (NOT PRELIMINARY) TAX BILLS ARE MAILED FOR FISCAL YEAR IF LATER.

INSTRUCTIONS: COMPLETE ALL SECTIONS THAT APPLY. PLEASE PRINT OR TYPE.

**A. IDENTIFICATION:** (Complete this section fully.)

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

Social Security No. \_\_\_\_\_

Legal Residence (Domicile) on July 1, 19 \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Location of Property \_\_\_\_\_ No. of Dwelling Units \_\_\_\_\_

Did you own the property on July 1, 19 \_\_\_\_\_ 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, 19 \_\_\_\_\_ ? Yes  No

(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? Yes  No

If yes, name of city or town \_\_\_\_\_ Amount Exempted \$ \_\_\_\_\_

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)			
_____ Ownership	_____ Granted	Assessed Tax	_____
_____ Occupancy	_____ Denied	Exempted Tax	_____
_____ Status	_____ Deemed Denied	Adjusted Tax	_____
_____ Income Assets	_____ Date Voted/Deemed Denied	BOARD OF ASSESSORS	
_____	_____ Certificate No.	_____	
_____	_____ Date Cert./Notice Sent	_____	
_____	_____ Exemption: Clause	_____	
		Date:	_____

**THE FILING OF THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES**

**B. EXEMPTION STATUS:**

Were you legally blind as of July 1, \_\_\_\_\_? Yes ★ No ★

Are you registered with Mass. Commission for the Blind? Yes ★ No ★

If yes, give Certificate Number \_\_\_\_\_ Date Registered \_\_\_\_\_  
(attach copy of certificate.)

If no, attach a letter from your doctor indicating status as of July 1st. (In first year of filing only.)

**C. SIGNATURE.** Sign here to complete application. This application has been prepared or examined by me. Under 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, correct & complete.

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

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