

GREENFIELD

Fiscal Year _____

Map & Lot #
Account #
Assessment
Assessed Taxes

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

DATE APPLICATION RECEIVED

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

***SUBMIT CURRENT YEARS CERTIFICATE FROM
 THE COMMISSION OF THE BLIND**

Must be filed with the Assessors Office on or before April 1, 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, 20 ____ _____

Mailing Address (If different) _____ Telephone Number _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, 20 ____ 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, 20 ____ ? 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 \$ _____

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.

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.

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

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

FORM 879-W

HOBBS & WARREN

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

_____ Ownership _____ Granted
_____ Occupancy _____ Denied
_____ Status _____ Deemed Denied
_____ Income _____ Date Voted/Deemed Denied
_____ Assets _____ Certificate No.
_____ Date Cert./ Notice Sent
_____ Exemption: Clause

Assessed Tax _____
Exempted Tax _____
Adjusted Tax _____

Board of Assessors

Date: _____