

CANTON
FISCAL YEAR 20____
SENIOR 65 AND OLDER
APPLICATION FOR STATUTORY EXEMPTION
CHAPTER 59 SECTION 5, CLAUSE 41C

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

A. (COMPLETE THIS APPLICATION FULLY)

NAME _____
DOMICILE AND LOCATION OF PROPERTY AS OF July 1st _____

MARITAL STATUS _____ SOCIAL SECURITY # _____

MAILING ADDRESS (IF DIFFERENT) _____ TEL. NO _____

DID YOU OWN PROPERTY AS OF July 1st YES _____ NO _____ IF YES, WERE YOU
SOLE OWNER _____ CO-OWNER W/ SPOUSE ONLY _____ CO-OWNER W/ OTHERS _____

WAS THE PROPERTY SUBJECT TO A TRUST AS OF July 1st YES _____ NO _____ (IF YES, AND IT IS YOUR FIRST
YEAR APPLYING, ATTACH COPY OF TRUST INCLUDING ALL SCHEDULES.)

DATE OF BIRTH: _____ (IF FIRST YEAR APPLYING, SUBMIT A COPY OF BIRTH CERT.) HAVE YOU OWNED
AND OCCUPIED THE PROPERTY AS YOUR DOMICILE FOR 10 YEARS? YES _____ NO _____

INCOME: GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR. (COPIES OF YOUR FEDERAL
AND STATE TAX RETURNS MAY BE REQUESTED TO VERIFY INCOME.)

SOCIAL SEC., RAILROAD, FEDERAL, STATE, ETC., APPLICANT _____	SPOUSE _____
OTHER PENSIONS OR RETIREMENT BENEFITS _____	_____
WAGES, SALARIES & OTHER COMPENSATION _____	_____
INTEREST & DIVIDENDS _____	_____
OTHER RECEIPTS (RENT, CAPITAL GAINS, ETC.) _____	_____
TOTALS	_____

ASSETS: (DOCUMENTATION MAY BE REQUESTED TO VERIFY YOUR ASSETS)

REAL ESTATE: OTHER THAN DOMICILE - VALUE _____
PERSONAL: BANK ACCOUNTS, STOCKS, BONDS, CERTIFICATES, ETC
NAME OF BANK:

_____	ACCT.# _____	VALUE _____
_____	ACCT.# _____	VALUE _____
_____	ACCT.# _____	VALUE _____
_____	ACCT.# _____	VALUE _____
	TOTAL VALUE	_____

YOUR SIGNATURE: _____ DATE _____

BOARD OF ASSESSORS

_____, _____, _____
* We request that this form be returned to the Assessors' office ASAP.