

Map & Lot #
Account #
Assessment
Assessed Taxes

GREENFIELD

Fiscal Year _____

FINANCIAL HARSHIP: ACTIVATED MILITARY – AGE & INFIRMITY

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)

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 _____

Marital Status _____ Occupation _____

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:	_____

B. EXEMPTION STATUS: Check the status that applies to you and complete the questions that follow.

