

ASSESSORS USE ONLY	
	41C
Date Received	
Application No.	
Parcel ID	

CITY OF LOWELL

Fiscal Year 2023

SENIOR 65 AND OLDER

APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

Must be filed with Board of Assessors annually on or before April 1st

INSTRUCTIONS: Complete all sections fully. Please print or type.

A. IDENTIFICATION:

Name of Applicant _____

Marital Status _____ Email _____

Legal Residence (Domicile) on July 1, 2022 _____

Mailing Address (if different) _____ Tel. No. (____) _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, 2022? Yes No

If yes, were you Sole Owner Co-Owner with Spouse Only Co-Owners with Others

Was the property subject to a trust as of July 1, 2022? 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 Date Voted/Deemed Denied _____ BOARD OF ASSESSORS

____ Assets Certificate No. _____

Date Cert./Notice Sent _____

Exemption: Clause _____

Date _____

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

B. EXEMPTION STATUS:

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 10 ye Yes No

If no list the other properties you owned and/or occupied during the past 10 years.

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

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR: A copy of your most recent **bank statement(s) must be attached to process this application. Copies of your federal and state income taxes may be requested to verify income,**

	Applicant and Spouse	Co-Ower (s) and Spouse(s)
Retirement Benefits (Social Security, Railroad, Federal, Mass. and Political Subdivisions).....	_____	_____
Other Pensions and Retirement Allowances.....	_____	_____
Wages, Salaries and other Compensation.....	_____	_____
Net Profits from Business or Profession	_____	_____
Interest and Dividends	_____	_____
Other Receipts (Rent, Capital Gains, etc.	_____	_____
TOTALS	_____	_____

D. VALUE OF ALL PROPERTY OWNED ON JULY 1 OF THIS YEAR: Documentation **must be attached to verify your asset before your application can be processed.**

REAL ESTATE:	Assessed Valuation	Amount Due On Mortgage	VALUE
Domicile	_____	_____	_____
All Other	_____	_____	_____

PERSONAL ESTATE:

Bank Accounts:	Name and Address of Bank	Account No.	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Stocks, Bonds, Securities, Etc.	Description and Amount	
	_____	_____
	_____	_____

Motor Vehicles and Trailers	Year	Make	Model	
	_____	_____	_____	_____
	_____	_____	_____	_____

Other Non--Exempt Personal Property	Kind	Description	
	_____	_____	_____

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, it and all accompanying documents and statements are true, correct and complete.

Your Signature

Date

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