

**FY 2017 MEANS TESTED SENIOR EXEMPTION  
TOWN OF SUDBURY**

APPLICATION FOR EXEMPTION General Court of the  
Commonwealth of Massachusetts Chapter 169 Acts of 2012  
Chapter 10 of the Acts of 2016

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION  
Application Deadline August 31, 2016

**OWNER/APPLICANT SECTION**

A. Name of Assessed Owner(s): \_\_\_\_\_

B. Date of Birth:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

C. Marital Status:  
\_\_\_\_\_

D. Phone:  
\_\_\_\_\_

E. Legal Residence:

F. Mailing Address if Different:

G. Did you own the property  
identified in § E. above on  
December 31, 2015? \_\_\_\_\_

If yes, were you:

Sole Owner \_\_\_\_\_  
Co-owner with spouse only \_\_\_\_\_  
Co-owner with other(s) \_\_\_\_\_

H. Was the title to the property held in a trust as of December 31, 2015?  
If yes, please attach all trust instruments including schedules.

**CO-OWNER AGE ELIGIBILITY & RESIDENCY SECTION**

I. Were all co-owners at least 60 years of age on or before December 31, 2015? \_\_\_\_\_

J. If yes, please state the full name and date of birth for all co-owners:

Co-owner 1 Name: \_\_\_\_\_  
Co-owner 1 D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-owner 2 Name: \_\_\_\_\_  
Co-owner 2 D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-owner 3 Name: \_\_\_\_\_  
Co-owner 3 D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

K. Have you or a co-owner  
owned and occupied property  
in Sudbury as your primary  
domicile for at least 10  
consecutive years prior to  
December 31, 2015?  
\_\_\_\_\_

If no, please tell us the years you have  
lived consecutively in Sudbury:  
From: \_\_\_\_\_  
Through: \_\_\_\_\_

**REQUIRED DOCUMENTATION**

L. The following documentation is required as part of your application and must be submitted by application filing deadline:

- **Pages 1 & 2 of 2015 Federal Income Tax 1040, 1040A, 1040 EZ etc.**
- **2015 Schedule CB Circuit Breaker**
- **Trust documentation (if applicable, see § H. above)**

Please note: Even if you did not file a Massachusetts State Income Tax Return, you must complete, execute and submit a Schedule CB Circuit Breaker 2015.

**ASSETS/VALUE OF PROPERTY OWNED**

M. Real Estate (List Below)		
	Assessed Value FY 2016	Amount due on Mortgage(s)
Primary Domicile Address:	\$	\$
Other Real Estate Address(es): _____	\$	\$
_____	\$	\$
<b>Total</b>	\$	\$

N. Personal Property (List Below)		
Bank Accounts:	Total Value of all bank accounts	\$
Stocks, Bonds, Securities:	Total Value of all stock, bonds, securities	\$
Any other personal property including cash value of whole life insurance policies, retirement accounts:	Total Value of other personal property	\$

**DEBTS/LIABILITIES**

O. Please describe with specificity your debts other than the mortgages listed above, if any:	Amount
	\$
	\$

**Signatures**

P. **BY SIGNING BELOW I REPRESENT THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED IN THIS APPLICATION AND ALL ACCOMPANYING DOCUMENTS AND STATEMENTS ARE TRUE, ACCURATE AND COMPLETE.** If signed by agent, attach copy of written authorization to sign on behalf of taxpayer. By the execution hereof, any such agent represents to the best of his/her knowledge after due inquiry, that the information contained in this application and all accompanying documents and statements are true, accurate and complete. Application Deadline: August 31, 2016

Signature of Applicant: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_