WELLESLEY TAX FORM 37A

ASSESSORS USE ONLY
Clause **37A**

Date Received:

Other Exemptions: $

Bill #:

Parcel ID:

THE COMMONWEALTH OF MASSACHUSETTS

FY2017 WELLESLEY APPLICATION FOR BLIND STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

Must be filed with Board of Assesors on or before December 15 or three months after actual (not preliminary) tax bills are mailed for fiscal year, if later

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

INSTRUCTIONS:

Please review and make any corrections to this form as soon as possible.
Fill in all shaded areas and verify their accuracy.
Sign on reverse.

If you are unable to return this form now, remember that it must be filed with the Board of Assessors within three months of the date of mailing of the actual real estate tax bill. The Assessors anticipate mailing the actual fiscal year 2017 real estate tax bills sometime in December 2016.

A. IDENTIFICATION.

Name of Applicant:

Social Security No.: xxx-xx-____ **Telephone No.:**

Legal Residence (domicile) on July 1:

Mailing Address (if different):

Location of property:

Did you own the property on July 1? No

If yes, were you

Sole Owner? No **Co-owner Spouse?** No **Co-owner with others?** No

Was the property subject to a trust as of July 1? No

(If yes, attach trust instrument including all schedules)

Have you been granted any exemption in any other city or town for this year? No

If yes, name of city or town: **Amount exempted:** $0.00

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

B. EXEMPTION STATUS.

Check the status that applies to you and complete the questions that follow.

(Proof of blindness as certified by the Massachusetts Commission of the Blind must be attached.)

Were you legally blind as of July 1? **No**

Are you registered with Mass. Commission for the Blind? **No**

If yes, please indicate your certificate number: **Date registered:**

If no, attach a letter from your doctor indicating your status as of July 1st

C. SIGNATURE. Sign below to complete the 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 and complete.

Your signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayers.