

THE COMMONWEALTH OF MASSACHUSETTS

FY2015 WELLESLEY APPLICATION FOR SENIOR WORK-OFF PROGRAM

General Laws Chapter 59, Section 5k

ASSESSORS USE ONLY

Date Received:

Other Exemptions: \$

Bill #:

Parcel ID:

Must be filed with Board of Assessors 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)

<p>Wellesley MA</p>
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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 2015 real estate tax bills sometime in December 2014.

A. IDENTIFICATION.

Name of Applicant:	<input type="text"/>	Telephone No.:	<input type="text"/>
Legal Residence (domicile) on July 1:	<input type="text"/>	Date of Birth:	<input type="text"/>
Mailing Address (if different):	<input type="text"/>	Marital Status:	<input type="text"/>
Location of property:	<input type="text"/>		
Did you own the property on July 1?	<input type="text"/>		
If yes, were you			
Sole Owner?	<input type="text"/>	Co-owner Spouse?	<input type="text"/>
		Co-owner with others?	<input type="text"/>
Was the property subject to a trust as of July 1?	<input type="text"/>		
(If yes, attach trust instrument including all schedules)			
Have you been granted any exemption in any other city or town for this year?	<input type="text"/>		
If yes, name of city or town:	<input type="text"/>	Amount exempted:	<input type="text"/>

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

B. EXEMPTION STATUS.

Have you owned and occupied the property as your domicile for at least 5 years?

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

Address	Dates	Owned	Occupied
_____	_____	_____	_____
_____	_____	_____	_____

C. GROSS RECEIPTS (ALL INCOME TAXABLE AND NON-TAXABLE) FROM PRECEDING CALENDAR YEAR

A copy of your 2013 federal tax return is requested to verify your income.

	APPLICANT AND SPOUSE	CO-OWNER(S) AND SPOUSE
Retirement benefits (Social Security, Railroad, Federal, Mass. and Political Subdivisions)	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Other pensions and retirement allowances	\$ _____	\$ _____
Wages, salaries and other compensation	\$ _____	\$ _____
Net profits from business or profession	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Other (rental income, capital gains, alimony, etc.)	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____

D. SIGNATURE/DISCLAIMER. Sign here 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.

I have read and understand the rules and regulations of the Senior Work-Off Program. I agree to follow the rules and regulations of this program and understand that if I do not adhere to the rules and regulations, my participation in the program may be terminated.

I agree to hold harmless the Town of Wellesley and any of their representatives, for any loss of any type whatsoever, as a result of voluntary program participation.

_____ Your signature	_____ Date
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If signed by agent, attach copy of written authorization to sign on behalf of taxpayer(s).