

COMMONWEALTH OF MASSACHUSETTS

# FY2026 WELLESLEY APPLICATION FOR SENIOR 65 AND OLDER STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

ASSESSORS USE ONLY

Clause 41D

Date Received:

Other Exemptions: \$

Bill #:

Parcel ID:

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,  
sign on reverse and attach your 2024 federal tax returns.**

**Applications must be received by April 1, 2026.**

**A. IDENTIFICATION.**

Name of Applicant: [REDACTED]

Social Security No.: [REDACTED]

Telephone No.: [REDACTED]

Legal Residence (domicile) on July 1: [REDACTED]

Date of Birth: [REDACTED]

Mailing Address (if different): [REDACTED]

Marital Status: [REDACTED]

Location of property: [REDACTED]

Did you own the property on July 1? [REDACTED]

If yes, were you

Sole Owner? [REDACTED]

Co-owner Spouse? [REDACTED]

Co-owner with others? [REDACTED]

Was the property subject to a trust as of July 1? [REDACTED]

(If yes, attach trust instrument including all schedules)

Have you been granted any exemption in any other city or town for this year? [REDACTED]

If yes, name of city or town: [REDACTED]

Amount exempted: [REDACTED]

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 5 years? 

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

Address	Dates	Owned	Occupied
<span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	<span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	<span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	<span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>

**C. GROSS RECEIPTS (ALL INCOME TAXABLE AND NON-TAXABLE) FROM PRECEDING CALENDAR YEAR****A copy of your 2024 federal tax return is requested to verify your income.**

Retirement benefits (Social Security, Railroad, Federal, Mass. and Political Subdivisions)

APPLICANT  
AND SPOUSECO-OWNER(S)  
AND SPOUSE

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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 THIS YEAR.**

Documentation is requested to verify your assets.

**PLEASE COMPLETE BELOW WHERE SHADE**R  
E  
A  
L

Domicile:

Previous Year Assessed Value

\$ \_\_\_\_\_

Amount due on mortgage

\$ \_\_\_\_\_

Value

\$ \_\_\_\_\_

Other Property:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

P  
E  
R  
S  
O  
N  
A  
L

Bank accounts:

Name and address of bank

  
Value  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Stocks, bonds, securities, etc.:

Description and amount owned

  
Value  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Other non-exempt personal property:

Type

Description

Value

  
\$ \_\_\_\_\_

TOTAL

\$

**E. SIGNATURE. 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.

Your signature

Date

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