

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MALDEN

NAME OF CITY OR TOWN

DATE RECEIVED
APPLICATION NO.
PARCEL ID.

FINANCIAL HARDSHIP: ACTIVATED MILITARY - AGE AND INFIRMITY

FY APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5, Clause 18

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

Must be filed with Board of Assessors on or
before December 15 or 3 months
after actual (not preliminary) tax bills
are mailed for fiscal year if later.

fold

INSTRUCTIONS: Complete all sections that apply. (Please print or type.)

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____

Social Security No. _____ (optional) Marital Status _____ Occupation _____

Legal Residence (Domicile) on July 1, _____

Mailing Address (If different) _____ Tel No. _____

Location of Property _____ No. of Dwelling Units _____

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

If yes, were you

Sole Owner Co-Owner with Spouse Only Co-Owner with Others?

Was the property subject to a trust as of July 1, _____ ? 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 _____

Adjusted Tax _____

Status

DEEMED DENIED

BOARD OF ASSESSORS

Financial
Condition

Date Voted/ Deemed Denied _____

Certificate No. _____

Date Cert./ Notice Sent _____

Date _____

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

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE.

F. FINANCIAL STATEMENT. Complete this section fully. Copies of your federal and state tax returns and other documentation may be requested to verify your income and assets.

| ASSETS | | LIABILITIES | |
|---------------------------|-----------------|------------------------------|-----------------|
| REAL ESTATE | | | |
| Domicile Value | \$ _____ | Mortgage Outstanding Balance | \$ _____ |
| Other Value | _____ | | _____ |
| PERSONAL ESTATE | | | |
| Motor Vehicle Values | | | |
| Year/Make/Model | _____ | Car Loan Balances | _____ |
| | _____ | | _____ |
| Bank Account Balances | | | |
| Bank Name/Address/Acct. # | _____ | | |
| | _____ | | |
| | _____ | | |
| Other (Specify) | _____ | Other Outstanding Debts | |
| | _____ | (Personal Loans, | _____ |
| | _____ | Credit Cards, etc.) | _____ |
| TOTALS | \$ _____ | | \$ _____ |

| INCOME | | EXPENSES | |
|-----------------------------|-----------------|-----------------------|-----------------|
| | Monthly | | Monthly |
| Wages and Salaries | | Mortgage Payments | \$ _____ |
| Annual \$ _____ | \$ _____ | (including Taxes) | |
| Unemployment Compensation | _____ | Food | _____ |
| Social Security | _____ | Utilities: | |
| Other Pensions/Retirement | _____ | Electricity | _____ |
| Public Assistance: | | Gas | _____ |
| AFDC | _____ | Heating Fuel | _____ |
| Food Stamps | _____ | Telephone | _____ |
| Fuel Assistance | _____ | Water/Sewer | _____ |
| Other | _____ | Debt Payments: | |
| Rental Income | _____ | Car Loans | _____ |
| Business/Profession Profits | _____ | Credit Cards | _____ |
| Interest/Dividends | _____ | Personal Loans | _____ |
| Other (Specify) | _____ | Other Fixed Expenses: | |
| | _____ | Car Insurance | _____ |
| | _____ | House Insurance | _____ |
| | | Other (Specify) | |
| | | _____ | _____ |
| | | _____ | _____ |
| TOTAL | \$ _____ | | \$ _____ |

G. 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 agent, attach copy of written authorization to sign on behalf of taxpayer.

TAXPAYER INFORMATION ABOUT FINANCIAL HARDSHIP EXEMPTION

FINANCIAL HARDSHIP EXEMPTION. You may be able to reduce all or a portion of the taxes assessed on your domicile if you do not have the financial resources to pay them because (1) you were called into active military service, or (2) you are older and suffer some physical or mental illness, disability or impairment. Qualifications are established locally by the Board of Assessors. More detailed information may be obtained from your assessors.

WHO MAY FILE AN APPLICATION. You may file an application if you owned and occupied the property and meet all qualifications for a financial hardship exemption as of July first.

WHEN AND WHERE APPLICATION MUST BE FILED. Your application must be filed with the Board of Assessors by December 15 or 3 months after the actual tax bills were mailed for the fiscal year, whichever is later. **THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, THE ASSESSORS CANNOT BY LAW GRANT YOU A FINANCIAL HARDSHIP EXEMPTION. AN APPLICATION IS FILED WHEN RECEIVED BY THE ASSESSORS.**

PAYMENT OF TAX. Filing an application does not stay the collection of your taxes. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any additional charges, you should pay the tax as assessed if possible. If an exemption is granted and you have already paid the entire year's tax as exempted, you will receive a refund of any overpayment. If you are unable to make your payments, inform the assessors when you file your application.

ASSESSORS DISPOSITION. Upon applying for a financial hardship exemption, you may be required to provide the assessors with further information and supporting documentation to establish your eligibility. The assessors have 3 months from the date your application is filed to act on it unless you agree in writing before that period expires to extend it for a specific time. If the assessors do not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether an exemption has been granted or denied.

APPEAL. In order to obtain a review of the assessors' decision on your application for a financial hardship exemption, you must bring a civil action in the Superior Court or Supreme Judicial Court. This action must be brought within 60 days of the decision.