



**Surviving Spouse-Senior-Minor  
FISCAL YEAR 2024**

(July 1, 2023– June 30, 2024)  
General Laws Ch. 59, § 5  
**Clause 17D**

BOARD OF ASSESSORS  
City of Brockton  
City Hall  
Brockton, MA 02301  
508-580-7194

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

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parcel Id: \_\_\_\_\_

**Property upon which exemption is claimed:**

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_\_\_

**Please correct any pre-printed or missing information.**

Indicate Status:  Surviving Spouse  Over 70 years of age  Minor whose parent is deceased.  
Date of Death \_\_\_\_\_

Did you own and occupy the above property as your principal residence as of July 1, 2023?  Yes  No  
Is the property subject to a trust as of July 1, 2023?  Yes  No

**If Yes, provide a copy of the "Schedule of Beneficiaries" from the trust documents.**

Indicate the value of the following on July 1, 2023. Do not include the value of your primary residence or qualified retirement accounts and annuities. Real estate owned in other jurisdictions must be reported on SCHEDULE A on the reverse side of this form.

**COPIES OF YOUR FINANCIAL STATEMENTS AS OF JULY 1, 2023 MUST ACCOMPANY THIS APPLICATION.**

**THE APPLICATION WILL NOT BE PROCESSED WITHOUT THE STATEMENTS.**

- a. Amount in bank accounts (Savings, Checking, Certificate of Deposit) \$ \_\_\_\_\_
- b. Value of stocks, Bonds and Securities \$ \_\_\_\_\_
- c. Value of other personal property (EX. Boat, Recreational Vehicle) \$ \_\_\_\_\_
- Total** \$ \_\_\_\_\_

Is the property larger than three (3) dwelling units?  Yes  No

Is there any commercial/business use of this property?  Yes  No

As of July 1, 2023, are (were) you the record owner of real estate in any other jurisdiction?  Yes  No

**If YES to any of the above questions, please complete Schedule A on the back of this form.**

**Your signature is required on the back of this form. Thank you**

## Schedule A-Clause 17D

Complete this schedule if you answered yes to any of the previous questions.

1. If your principal place of residence exceeds 3 dwelling units and/or has commercial use, please answer the following:

a. Total Assessed Value of Property: \_\_\_\_\_

b. Number of Units: \_\_\_\_\_

c. If applicant holds less than full ownership, indicate ownership percentage \_\_\_\_\_%

2. If you own real estate **other than your principal residence** within or outside Massachusetts, please answer the following:

a. Location: \_\_\_\_\_

b. If applicant holds less than full ownership, indicate ownership percentage \_\_\_\_\_%

c. Total Assessed Value of Property: \_\_\_\_\_

9. I have read this return. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, the return is correct and complete.

10. By requesting consideration for exemption, I hereby authorize the City of Brockton Assessing Department to make any and all inquiries to any party regarding any bank account, whether held in my name individually, as trustee or agent, or against which I have the power to draw, whether or not my name appears.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail this return to: Board of Assessors, City of Brockton, City Hall, Brockton, MA 02301**

### OFFICE USE ONLY:

| Year | Abate # | Bill # | Tax Amt\$ | Amt Abated | Ownership | Occupancy |
|------|---------|--------|-----------|------------|-----------|-----------|
| 2024 |         |        |           |            |           |           |