

Assessors' Use only
Date Received _____
Application No. _____
Parcel Id. _____

Name of City or Town

FINANCIAL HARDSHIP
FISCAL YEAR _____ APPLICATION FOR PROPERTY TAX DEFERRAL
General Laws Chapter 59, § 5, CLAUSE 18A

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

Return to: Board of Assessors

Must be filed with assessors on or before April 1, or 3 months after actual (**not** preliminary) tax bills are mailed for fiscal year if later. Tax Deferral and Recovery Agreement (Form 99-1) must accompany application unless already on file and persons with interest in property remain the same.

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

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____	Occupation _____
Telephone Number _____	Marital Status _____
Legal Residence (Domicile) on July 1, _____	Mailing Address (If different) _____
No. Street City/Town Zip Code	
Location of Property: _____	No. of Dwelling Units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____
Did you occupy the property on July 1, _____ and for the prior 10 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If no, list the other properties you occupied during the past 10 years.</i>	
Address _____	Dates _____
_____	_____
_____	_____
<i>Continue list on attachment in same format as necessary.</i>	
Have you been granted any exemption in any other city or town (MA or other) for this year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If yes, name of city or town _____</i>	<i>Amount exempted \$ _____</i>

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed tax \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Deferred tax \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted tax \$ _____
Financial condition <input type="checkbox"/>		Board of Assessors
Date voted/Deemed denied _____		_____
Certificate No. _____		_____
Date Cert./Notice sent _____		_____
	Date: _____	

B. PERSONS WITH INTEREST IN PROPERTY.

Did you own the property on July 1, _____ as

Sole owner Co-owner with spouse only Co-owner with others?

Was there a mortgage on the property as of July 1, _____? Yes No

If yes, name of mortgagee(s) _____

Was the property subject to a life estate as of July 1, _____? Yes No

If yes, name(s) of Remaindermen (person(s) receiving property after your death) _____

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

If yes, please attach trust instrument including all schedules.

C. REASON FOR HARDSHIP. Check the reason that applies and provide requested information.

ACTIVATED MILITARY PERSONNEL

Initially enlisted in the armed forces.

Military status changed to active duty.

Date of activation to active duty. _____ Attach copy of orders.

UNEMPLOYMENT

Provide employment history over the last two years, including employer(s), dates, salaries, reasons for leaving.

ILLNESS OR DISABILITY

Provide a detailed description of the physical or mental illness, disability or impairment.

Attach a physician's letter documenting the illness or disability.

OTHER

Provide a detailed explanation.

D. FAMILY ASSISTANCE. Complete this section if you are receiving any financial assistance from family members.

Name	Relationship	Residence	Occupation	Wages	Assistance given
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Continue list on attachment in same format as necessary.