



FY2024
 (July 1, 2023 – June 30, 2024)
 General Laws Ch. 59, § 5
Senior Clause 41C

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

Address: _____

Phone #: _____

Parcel Id: _____

Property upon which exemption is claimed:

Marital Status: _____ Date of Birth: ____/____/____ Daytime Phone: _____

Indicate Status: Sole Owner Co-owner with spouse Co-owner with non spouse.

Indicate your percent share: _____

Did you own and occupy this 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.

The application will not be processed without Financial Statements and Tax Returns.

2022 Tax Returns Submitted. MUST BE ATTACHED Yes No

IRS Form 4506T-States you do not file Income Tax. Returned Last Year Yes No

Indicate **Gross Receipts** from all sources in **Calendar Year 2023**

A) Social Security, Railroad Retirement Benefits, Employee Pension, Retirement Allowance from U.S., Massachusetts, or any municipal jurisdiction.

B) Other pensions, retirement allowances

C) Wages, salaries, tips, other compensation and/or net profits from business or profession

D) Interest and Dividends

E) Gain(s) from sale or exchange of real estate

F) Gain(s) from sale or exchange of other property

G) Rent and/or royalty income

H) Receipts from other sources

TOTAL:

Exclusion (Assessor will determine applicable exclusion)

BALANCE

Form Continued AND Signature Required

Applicant & Spouse	Co-Owner & Spouse
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____

Copies of your July 1, 2023 financial statements for any of the below categories must be attached to this application.

Amount in bank accounts (Savings, Checking, Certificate of Deposit)

Value of stocks, Bonds and Securities

Value of other personal property (Example: Boat, Recreational Vehicle)

Total

Applicant & Spouse	Co-owner & Spouse
_____	_____
_____	_____
_____	_____
_____	_____
\$ _____	\$ _____

Is this property larger than three (3) dwelling units? Yes

No

Is there any commercial/business use of this property? Yes

No

Are you the record owner of real estate in any other jurisdiction? Yes

No

Please complete the following if you answered YES to any part of the above questions.

If your principal residence exceeds three (3) dwelling units and produces income, complete below:

Record Owner(s) of property: _____

If applicant holds less than full ownership, indicate ownership percentage: _____

Assessed Value of property: _____

If you own ANY OTHER real estate, other than your principal residence please answer the following:

Location: _____

Record Owner(s) of Property: _____

If applicant holds less than full ownership, indicate ownership percentage: _____

Assessed Value of property: _____

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

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.

By requesting consideration for exemption, I hereby authorize the City of Brockton Assessing Department to make any and all inquires to any party regarding 1) any income attributable to me in whatever form including, but not limited to, retirement and/or pension benefits from both public and private sources, and 2) 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** **Daytime Phone**

OFFICE USE ONLY

Year Abate# Bill# Tax Amt\$ Amt Abated\$ Ownership Occupancy

2024 | _____ | _____ | _____ | _____ | _____ | _____