



Office of  
The Board of Assessors  
870 Moraine Street  
Marshfield, MA 02050  
(781) 834-5585

**CLAUSE – 17D**  
**Senior Age 70**

1. **Eligibility:**

- You must be 70 or older as of July 1<sup>st</sup>, 2023
- You must own and occupy the property for at least five (5) years
- Must own and occupy the property on July 1, 2023.

2. **Annual Estate/Asset Limit:** - \$40,000 Not including the cost of your home

**Required Asset Documents - Copies:**

Including, but not limited to;

- ✓ Checking account statements
- ✓ Savings account statements
- ✓ Stock statements
- ✓ Bond statements
- ✓ Certificate of Deposits (CD), etc.

3. **Additional Documents**

- Copy of Birth Certificate to verify age (first time only)
- Copy of a Trust if the Marshfield property is held in a trust on July 1, 2023
- Completed and signed application received **no later than Monday, April 1<sup>st</sup>, 2024**

4. **Real Estate Tax Exemption Amount:**

\$175.00

For further information, please contact the Assessors' Office at 781- 834-5585.

17	42&43
Assessors' Use only	
Date Received	
Application No.	
Parcel Id.	

\_\_\_\_\_  
Name of City or Town

**SURVIVING SPOUSE OR MINOR**  
**FISCAL YEAR \_\_\_\_\_ APPLICATION FOR STATUTORY EXEMPTION**  
**General Laws Chapter 59, § 5**

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.

**INSTRUCTIONS:** Complete the following. Please print or type.

**A. IDENTIFICATION.** Complete this section fully.

Name of Applicant _____	
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 own the property on July 1, _____? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, were you: Sole Owner <input type="checkbox"/> Co-owner with Spouse Only <input type="checkbox"/> Co-owner with Others <input type="checkbox"/>	
Was the property subject to a trust as of July 1, _____? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please attach trust instrument including all schedules.	
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"/>	
If yes, name of city or town _____ Amount exempted \$ _____	

**DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)**

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed Tax \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Exempted Tax \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted Tax \$ _____
Income <input type="checkbox"/>		
Assets <input type="checkbox"/>		Board of Assessors
Date Voted/Deemed Denied _____		
Certificate No. _____		
Date Cert./Notice Sent _____		
Exemption: Clause _____	Date: _____	

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

**B. EXEMPTION STATUS.** Complete the questions that follow.

<input type="checkbox"/> <b>SURVIVING SPOUSE</b>	Deceased Spouse's Name _____ Date of Death _____ Have you remarried? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of remarriage _____
<input type="checkbox"/> <b>MINOR WITH PARENT DECEASED</b>	Deceased Parent's Name _____ Date of Death _____
<i>If first year of application, attach a copy of death certificate.</i>	
Are you a surviving spouse or a minor child of a firefighter or a police officer killed in the line of duty? Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF NO, GO ON TO SECTION C	
<i>If yes, and this is the first year of application, provide circumstances of death.</i>	
GO ON TO SECTION D	

**C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.** Complete this section. Documentation may be requested to verify your assets.

Real Estate	Assessed valuation	Amount due on mortgage	Value
Domicile	_____	_____	_____
Other	_____	_____	_____
<b>Personal Estate</b>	Bank accounts: Name & address of bank		Value
	_____		_____
	_____		_____
	_____		_____
	Stocks, bonds, securities, etc.: Description & amount		Value
	_____		_____
	_____		_____
	_____		_____
	Motor vehicles & trailers: Year/Make/Model		Value
	_____		_____
Other non-exempt personal property: Kind & description		Value	
_____		_____	
_____		_____	
TOTAL			_____
GO ON TO SECTION D			

**D. 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, this return and all accompanying documents and statements are true, correct and complete.

Signature _____	Date _____
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If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.

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## TAXPAYER INFORMATION ABOUT PERSONAL EXEMPTIONS

**PERSONAL EXEMPTIONS.** You may be eligible to reduce all or a portion of the taxes assessed on your domicile if you meet the qualifications for one of the personal exemptions allowed under Massachusetts law. Qualifications vary, but generally relate to age, ownership, residency, disability, income or assets.

You may be eligible for an exemption if you fall into any of these categories:

- Legally blind person
- Veteran with a service-connected disability
- Surviving spouse of a servicemember, national guard member or veteran who died from active duty injury or illness
- Surviving spouse
- Minor child of a deceased parent
- Senior citizen age 70 and older (65 and older by local option)

More detailed information about the qualifications for each exemption may be obtained from your board of assessors.

**WHO MAY FILE AN APPLICATION.** You may file an application if you meet all qualifications for a personal exemption as of July 1. You may also apply if you are the personal representative of the estate, or trustee under the will, of a person who qualified for a personal exemption on July 1.

**WHEN AND WHERE APPLICATION MUST BE FILED.** Your application must be filed with the assessors on or before April 1, or 3 months after the actual bills were mailed for the fiscal year, whichever is later. An application is filed when (1) received by the assessors on or before the filing deadline, or (2) mailed by United States mail, first class postage prepaid, to the proper address of the assessors, on or before the filing deadline, as shown by a postmark made by the United States Postal Service. **THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, YOU LOSE ALL RIGHTS TO AN EXEMPTION AND THE ASSESSORS CANNOT BY LAW GRANT YOU ONE.**

**PAYMENT OF TAX.** Filing an application does not stay the collection of your taxes. In some cases, you must pay all preliminary and actual installments of the tax when due to appeal the assessors' disposition of your application. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. 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.

**ASSESSORS DISPOSITION.** Upon applying for an 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.** You may appeal the disposition of your application to the Appellate Tax Board, or if applicable, the County Commissioners. The appeal must be filed within 3 months of the date the assessors acted on your application, or the date your application was deemed denied, whichever is applicable. The disposition notice will provide you with further information about the appeal procedure and deadline.

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