

RETURN TO:  
NEWTON CITY HALL  
ASSESSING OFFICE  
1000 COMMONWEALTH AVE  
NEWTON CENTRE, MA 02459

THE COMMONWEALTH OF MASSACHUSETTS  
**City of Newton**  
**Fiscal Year 2026**

Assessor Use Only  
MGL Ch 59 § 5 Clause 17D  
Date Received:

**SURVIVING SPOUSE or MINOR CHILD**  
**APPLICATION FOR STATUTORY EXEMPTION**

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO  
PUBLIC INSPECTION

(See General Laws Chapter 59, Section 60.)

**Must be filed with the Board of Assessors on or  
before April 1, 2026**

A. IDENTIFICATION. Complete this section fully. Please Print or Type.

Name of Applicant \_\_\_\_\_

Marital Status \_\_\_\_\_ Tel No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(If first year of application, attach copy of birth certificate)

Legal Residence (Domicile) on July 1, 2025? \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Parcel ID \_\_\_\_\_ No. of Dwelling Units:  1  2  3  4 Other \_\_\_\_\_

Did you own the property July 1, 2025? \_\_\_\_\_

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, 2025? \_\_\_\_\_ (If yes, and first year of application, or  
first year subject to Trust, attach Trust Instrument and Schedule of Beneficiaries.)

If yes, has the Trust changed since July 1, 2024? \_\_\_\_\_ (If yes, attach new Trust Instrument and  
Schedule of Beneficiaries.)

Have you been granted an exemption in any other city or town this year? \_\_\_\_\_

If yes, name of City or Town \_\_\_\_\_ Amount Exempted \$ \_\_\_\_\_

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)			
_____ Ownership	_____ GRANTED	Assessed Tax	_____
_____ Occupancy	_____ DENIED	Exempted Tax	_____
_____ Status	_____ DEEMED DENIED	Adjusted Tax	_____
_____ Assets	Date Granted/Denied _____		_____
	Certificate No. _____		_____
	Date Cert/Notice Sent _____		_____
		Board of Assessors	

B. EXEMPTION STATUS – Please complete the applicable box.

<b>Surviving Spouse</b>
Spouse's Name _____
Date of Death _____
Have you remarried _____
If yes, Date _____
Are you a surviving spouse of a firefighter or police officer killed in the line of duty? _____
If yes, go to section D.

<b>Surviving Minor Child</b>
Deceased Parent's Name _____
Date of Death _____
Are you a surviving minor child of a firefighter or police officer killed in the line of duty? _____
If yes, go to section D.

C. VALUE OF ALL PROPERTY OWNED ON JULY 1, 2025

Documentation will be requested to verify your assets.

<b>Real Estate</b>	<b>Assessed Valuation</b>	<b>Mortgage Balance</b>	<b>Value</b>
Domicile			
Other			

<b>Motor Vehicles and Trailer</b>	<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Value</b>

<b>Bank Accounts</b>	<b>Institution Name &amp; Address</b>	<b>Account No</b>	<b>Amount</b>

<b>Stocks, Bonds, Securities, Etc.</b>	<b>Description</b>	<b>Amount</b>

<b>Other Non-Exempt Personal Property</b>	<b>Kind</b>	<b>Description</b>	<b>Value</b>

**Total** \_\_\_\_\_

D. SIGNATURE

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

If signed by an agent, attach a copy of Power of Attorney to sign on behalf of taxpayer.

**FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES  
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE**