

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 41A  
Date Received:

**SENIOR 65 AND OLDER**  
**APPLICATION FOR PROPERTY TAX DEFERRAL**

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 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 \_\_\_\_\_

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

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

Amount of tax you are seeking to defer this year \$ \_\_\_\_\_ (Please indicate \$\$ amount or %)

Have you owned and occupied the property for at least 10 years? \_\_\_\_\_

If no, please list the other properties you owned and/or occupied during the past 10 years?

| Address | From  | To    | Owned                    | Occupied                 |
|---------|-------|-------|--------------------------|--------------------------|
| _____   | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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

**B. PERSONS WITH INTEREST IN PROPERTY**

Did you own the property on July 1, 2025 as  
 Sole Owner  Co-owner with Spouse Only  Co-Owner with Others  ?

Was there a mortgage on the Property as of July 1, 2025? Yes  No

If Yes, Amount Due on Mortgage\$ \_\_\_\_\_ Name of Mortgagee(s) \_\_\_\_\_

Was property subject to a life estate as of July 1, 2025? Yes  No

If Yes, Name(s) of Remaindermen \_\_\_\_\_  
 (Person(s) receiving property after death)

Was property subject to a trust as of July 1, 2025? Yes  No

(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? Yes  No

(If yes, attach new Trust Instrument and Schedule of Beneficiaries.)

**C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR:**

Please attach a copy of your 2024 Federal Income Tax Return.

|  | <b>Applicant<br/>&amp; Spouse</b> | <b>Co-Owner<br/>&amp; Applicant</b> |
|--|-----------------------------------|-------------------------------------|
| Retirement Benefits<br>(Social Security, Railroad, Federal, Mass., and Political Subdivisions) |                                   |                                     |
| Other pensions and Retirement Allowances   |                                   |                                     |
| Wages, Salaries and other Compensation   |                                   |                                     |
| Net Profits from a Business or Profession  |                                   |                                     |
| Interest and Dividends   |                                   |                                     |
| Other Receipts (Rent, Capital Gains, etc.)   |                                   |                                     |
| <b>Totals</b>  |                                   |                                     |

**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.