

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 41C
Date Received:

SENIOR 65 AND OLDER
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 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 \$ _____

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"/>

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

Board of Assessors

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

B. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR:

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

	Applicant & Spouse	Co-Owner & Applicant
Retirement Benefits (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.)		
Totals		

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

Documentation will be requested to verify your assets.

Real Estate

	Assessed Valuation	Mortgage Balance	Value
Domicile			
Other			

Bank Accounts

Institution Name & Address	Account No	Amount

Stocks, Bonds, Securities, Etc.

Description	Amount

Other Non-Exempt Personal Property

Kind	Description	Value

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.