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Assessor's Use only	

SENIOR
FISCAL YEAR 2026 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 no later than **April 1**.

INSTRUCTIONS: Complete the following.

A. IDENTIFICATION:

Name of Applicant _____ Parcel ID _____

Telephone Number _____ Email _____

Marital Status _____ Location of Property: TYNGSBOROUGH

Legal Residence (Domicile) on July 1, 2025 No. of Dwelling Units: 1 2 3 4 Other: _____

NO. STREET CITY/TOWN ZIP CODE

Mailing Address (If different) _____

NO. STREET CITY/TOWN ZIP CODE

Are you a new applicant? Yes No
If yes, please provide a copy of birth certificate.

Did you own the Property on July 1, 2025? Yes No
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? Yes No
If yes, please attach trust to have on file. If any changes are made, please provide updated documents.

Have you been granted any exemption in any other city or town (MA or other) for this year? Yes No
If yes, name of city or town _____ Amount exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSOR'S USE ONLY)

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed Tax \$ _____	Assessed CPA \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Exempted Tax \$ _____	Exempted CPA \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted Tax \$ _____	Adjusted CPA \$ _____
Income <input type="checkbox"/>	CPA ONLY <input type="checkbox"/>		
Assets <input type="checkbox"/>			Board of Assessors
Bill Number _____			
Certificate Number _____			
Date Deemed Denied _____			
Exemption: Clause _____		Date: _____	

B. EXEMPTION STATUS:

SENIOR 65 OR OLDER Applicants Date of Birth _____

Have you owned and occupied the property as your domicile for at least 11 years? Yes No

If no: complete **Address** **Dates** **Owned** **Occupied**

_____ _____

_____ _____

Continue list on attachment in same format as necessary.

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR: Copies of your federal income and other documentation are required to verify your income.

2024 GROSS INCOME - FEDERAL TAX RETURN	Applicant & Spouse	Co-owner(s) & Spouse(s)
Retirement Benefits (Social Security, Railroad, Federal, MA & Political Subdivisions)		
Other Pensions and Retirement Allowances		
Wages, Salaries and other Compensation		
Net Profits from Business, Profession or Property Rental		
Interest and Dividends		
Other Receipts (Capital Gains, Public (SNAP, Fuel, SSI) and Family Assistance, etc.)		
TOTALS		

D. VALUE OF ALL PROPERTY THAT WAS OWNED DURING APRIL 1, 2025 – JUNE 30, 2025:

Documentation is required to verify your assets.

REAL ESTATE (excluding Tyngsborough domicile)		
Assessed Valuation	Amount Due on Mortgage	Value
Non-Domicile _____	_____	_____
Other _____	_____	_____
PERSONAL ESTATE		
Applicant/Co-Owner's Bank Accounts: Name of Bank, Type of Account		Value
_____		_____
_____		_____
_____		_____
Annuities, IRAs, Stocks, Bonds, Securities, etc.: Description		Value
_____		_____
_____		_____
Other Non-exempt Personal Property: Kind & Description		
_____		_____
_____		_____
TOTAL		_____

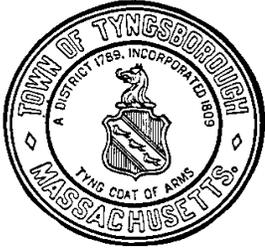
E. SIGNATURE: Sign here to complete the application.

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

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



Town of Tyngsborough

Assessor's Office

25 Bryant Lane
Tyngsborough, MA 01879
(978) 649-2300 x 121

Chief Assessor

Lauren M. Woekel

Assistant Assessor

Evanne Foss

Board of Assessors

Ann Conant, Chair

Marie Lambert

George Gaynor

Senior Exemption Requirements

First Time Applicants:

We require that you bring in your **birth certificate** to be copied by the Assessor's Office along with the following documentation.

Please provide copies of the following **REQUIRED** documents:

1. 2024 Gross Income

- **Federal Income Tax Return (Preferred Document), OR**
- **Proof of ALL Income Sources Received**

2. Proof of ALL Assets from April 1, 2025 to June 30, 2025

- **Checking Accounts, Savings Accounts, CD's, IRA Accounts, 401K, Out of State Bank Accounts**
- **All other real estate owned in addition to Tyngsborough residence**

Complete all sections of the application. Incomplete applications delay timely processing of your tax exemption.

Applications are due to the Assessor's Office no later than April 1.

NOTE: If you happen to sell your home after filing your application, please notify the Assessor's office of new mailing address to receive a refund, if exemption is granted.

If you have any questions, or require assistance with the form, please contact the office at 978-649-2300 x 121 or escott@tyngsboroughma.gov. Office hours are Monday 8:30 AM to 4:30 PM; Tuesday 8:30 AM to 4:30 PM; Wednesday 8:30 AM to 7:00 PM; Thursday 8:30 AM to 4:00 PM; Town Hall is closed on Fridays.

FLIP OVER FOR DOCUMENTATION CHECKLIST **➔**

Senior Exemption Documentation Checklist

First Time Applicant:

- Copy of Birth Certificate

Gross Income:

- Copy of 2024 Federal Tax Return (Preferred Document)

If a Tax Return was not filed, please provide the following that is applicable:

- Copy of Retirement Benefits
- Other Sources of Gross Income
- Copy of Pensions and Retirement Allowances/Benefits
- Copy of Wages, Salaries and other Compensation
- Copy of Net Profits from Business, Profession, or Property Rental
- Copy of Interest & Dividends
- Copies of all Other Receipts
 - Capital Gains
 - Public Assistance (SNAP, Fuel, SSI, etc)
 - Family Assistance

Assets:

- Copies of all Bank accounts in applicant and spouse/co-owners' names
 - April 2025 Full Statements
 - May 2025 Full Statements
 - June 2025 Full Statements
- Copy of Pension Balance Statement in applicant and spouse/co-owners' names
- Copy of IRA Balance Statement in applicant and spouse/co-owners' names
- Copy of Annuity Balance Statement in applicant and spouse/co-owners' names
- Assessed Value of Secondary/Additional Properties
- Other: _____
- Other: _____