

The Commonwealth of Massachusetts  
**TOWN OF TYNGSBOROUGH**

41A
Assessor's Use only

**SENIORS 65 OR OLDER**  
**FISCAL YEAR 2026 APPLICATION FOR**  
**PROPERTY TAX DEFERRAL**  
General Laws Chapter 59, § 5, Clause 41A

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 _____		Date of birth _____	
Email _____		Marital Status _____	
Legal Residence (Domicile) on July 1, <u>2025</u>		Location of Property: <u>TYNGSBOROUGH</u>	
NO. STREET	CITY/TOWN	ZIP CODE	
Mailing Address (If different) _____	No. of Dwelling Units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other: _____		
NO. STREET	CITY/TOWN	ZIP CODE	
Are you a new applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, please provide a copy of birth certificate.</i>			
Did you own the Property on July 1, <u>2025</u> and for the prior 10 years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If no, list the other properties you owned and /or occupied during the past 10 years.</i>			
<b>Address</b>	<b>Dates</b>	<b>Owned</b>	<b>Occupied</b>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Continue list on attachment in same format as necessary.</i>			
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"/>			
<i>If yes, name of city or town _____</i>		<i>Amount exempted \$ _____</i>	
Amount of tax you are seeking to defer this year \$ _____			

**DISPOSITION OF APPLICATION (ASSESSOR'S USE ONLY)**

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed Tax \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Exemption (-) \$ _____
Age <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Deferred Tax \$ _____
Income <input type="checkbox"/>		Board of Assessors
Bill Number _____	_____	
Certificate Number _____	_____	
Date Deemed Denied _____	_____	
Date: _____		

**B. PERSONS WITH INTEREST IN PROPERTY:**

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 there a mortgage on the property on July 1, 2025? Yes  No

If yes, amount due on mortgage: \$ \_\_\_\_\_ Name of mortgagee(s) \_\_\_\_\_

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

If yes, name(s) of Remaindermen (person(s) receiving property after your death) \_\_\_\_\_

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.

**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
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. 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.*