

**FINANCIAL HARDSHIP:  
ACTIVATED MILITARY – AGE AND INFIRMITY  
FISCAL YEAR 2026 APPLICATION FOR STATUTORY EXEMPTION**  
General Laws Chapter 59, § 5, CLAUSE 18

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  Occupation \_\_\_\_\_  
*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 all trust & schedule 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 _____			
		Date: _____	

**B. EXEMPTION STATUS:** Check the status that applies to you and complete the following questions.

**ACTIVATED MILITARY PERSONNEL**

Initially enlisted in the armed forces

Military status changed to active duty.

Date of activation to active duty: \_\_\_\_\_ *Attach copy of orders.*

GO ON TO SECTION D

**OLDER AND INFIRM PERSON**

**You must meet both age and infirmity requisites to qualify.**

Date of birth \_\_\_\_\_ *Attach a copy of birth certificate.*

Provide a detailed description of the physical or mental illness, disability or impairment.

\_\_\_\_\_  
\_\_\_\_\_

*Attach a physician's letter documenting your infirmity.*

GO ON TO SECTION C

**C. EMPLOYMENT STATUS:**

Are you able to work? Yes  No  *If no, your physician's letter must confirm this status.*

If unemployed, state date of last employment \_\_\_\_\_

GO ON TO SECTION D

**D. INSURANCE BENEFITS:** Complete this section if you are a surviving spouse.

Date and place of spouse's death \_\_\_\_\_

Total amount of insurance received \_\_\_\_\_

Name of insurance company or fraternal society \_\_\_\_\_

GO ON TO SECTION E

**E. FAMILY ASSISTANCE:** Complete this section if you are receiving any financial assistance from family members.

Name	Relationship	Residence	Occupation	Wages	Assistance given
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Continue list on attachment in same format as necessary.*

GO ON TO SECTION F

**F. EXEMPTION STATUS:**

<b>ASSETS</b>		<b>LIABILITIES</b>	
<b>REAL ESTATE</b>			
Domicile value	\$ _____	Mortgage outstanding balance	\$ _____
Other value	_____		_____
<b>PERSONAL ESTATE</b>			
Motor vehicle values (year/make/model)	_____	Car loan balances	_____
	_____		_____
Bank account balances (Bank name)	_____		_____
	_____		_____
Other (specify)	_____	Other outstandings debts (personal loans, credit cards, etc.)	_____
	_____		_____
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>
<b>2024 GROSS INCOME</b>		<b>Monthly</b>	<b>EXPENSES</b>
		<b>Monthly</b>	
Wages & salaries – Annual \$ _____	\$ _____	Mortgage payments (including taxes)	\$ _____
Unemployment compensation	_____	Food	_____
Social Security	_____	Utilities	_____
Other pension/retirement	_____	Electricity	_____
Public assistance	_____	Gas	_____
AFDC	_____	Heating fuel	_____
Food stamps	_____	Telephone	_____
Fuel assistance	_____	Water/sewer	_____
Other	_____	Debt Payments	_____
Rental income	_____	Car loans	_____
Business/professional profits	_____	Credit cards	_____
Interest/dividends	_____	Personal loans	_____
Other (specify)	_____	Fixed expenses	_____
	_____	Car insurance	_____
	_____	House insurance	_____
	_____	Other (specify)	_____
	_____		_____
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>

GO ON TO SECTION G

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**G. 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.

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Signature

Date

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

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**TAXPAYER INFORMATION ABOUT FINANCIAL HARDSHIP EXEMPTION**

**FINANCIAL HARDSHIP EXEMPTION.** You may be able to reduce all or a portion of the taxes assessed on your domicile if you do not have the financial resources to pay them because (1) you were called into active military service (not including initial enlistment), or (2) you are older and suffer some physical or mental illness, disability or impairment. Qualifications are established locally by the board of assessors. More detailed information may be obtained from your assessors.

**WHO MAY FILE AN APPLICATION.** You may file an application if you owned and occupied the property and meet all qualifications for a financial hardship exemption as of July 1.

**WHEN AND WHERE APPLICATION MUST BE FILED.** Your application must be filed with the assessors on or before April 1, or 3 months after the actual bills were mailed for the fiscal year, whichever is later. THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, YOU LOSE ALL RIGHTS TO AN EXEMPTION AND THE ASSESSORS CANNOT BY LAW GRANT YOU ONE. AN APPLICATION IS FILED WHEN RECEIVED BY THE ASSESSORS.

**PAYMENT OF TAXES.** Filing an application does not stay the collection of your taxes. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any additional charges, you should pay the tax as assessed if possible. If an exemption is granted and you have already paid the entire year's tax as exempted, you will receive a refund of any overpayment. If you are unable to make your payments, inform the assessors when you file your application.

**ASSESSORS DISPOSITION.** Upon applying for a financial hardship exemption, you may be required to provide the assessors with further information and supporting documentation to establish your eligibility. The assessors have 3 months from the date you application is filed to act on it unless you agree in writing before that period expires to extend it for a specific time. If the assessors do not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether an exemption has been granted or denied.

**APPEAL.** In order to obtain a review of the assessors' decision on your application for a financial hardship exemption, you must bring a civil action in the Superior Court of Supreme Judicial Court. This action must be brought within 60 days of the decision.



# 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

## Financial Hardship Documentation 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.

Applications must also include 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 Assets from April 1, 2025 – June 30, 2025

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

#### 3. Liabilities

- Current statements of Mortgage, Loans, Credit Cards, etc.

#### 4. Expenses

- Copy of applicable expenses

**Please 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](mailto: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.