

**LOW INCOME PERSONS –
LOW OR MODERATE INCOME SENIORS
FISCAL YEAR 2026 APPLICATION FOR
STATUTORY EXEMPTION**

General Laws Chapter 44B

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 44B, 3 and Chapter 59, Section 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 _____
Are you a new applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>		Marital Status _____
<i>If yes, please provide a copy of birth certificate.</i>		
Were you 60 years or older on January 1, 2025? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Legal Residence (Domicile) on July 1, 2025 _____		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
Did you own the Property on January 1, 2025? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If yes, were you:</i> <input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-owner with Spouse only <input type="checkbox"/> Co-owner with others		
Was the Property subject to a trust as of July 1, 2025? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If yes, please attach trust to have on file. If any changes are made, please provide updated documents.</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> _____

B. 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.

**FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR SURCHARGE.
TO AVOID INTEREST AND COLLECTION CHARGES, YOU MUST PAY SURCHARGE AS BILLED BY DUE DATE.
IF EXEMPTION IS GRANTED AND SURCHARGE IS PAID IN FULL, REFUND WILL BE MADE.
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE**

C. HOUSEHOLD MEMBERS. List all members of your household on January 1 and provide requested information. Please list any members who are 18 or older and not full-time students last. Documentation may be requested to verify information provided.

	Full Name (First, Middle, Last)	Relationship to Applicant	Age as of 1/1	Occupation or School Grade
1.				
2.				
3.				
4.				
5.				
6.				

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

D. HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES PRECEDING CALENDAR YEAR. List total medical expenses incurred by all household members during calendar year before January 1 that were not paid by or reimbursed by employer, public or private health insurance or other third party. Includes amounts paid in health insurance premiums, co-payments, deductibles and other out of pocket expenses. Documentation may be requested to verify expenses claimed.

TYPE OF EXPENSE	Total out of Pocket for Preceding Calendar Year
Health insurance premiums	\$
Doctors	\$
Hospitals	\$
Diagnostic tests	\$
Prescription drugs	\$
Medical equipment	\$
Other	\$
TOTAL OUT OF POCKET	\$

E. HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR. List income received from ALL sources for each member of household 18 and older and not full-time student during calendar year 2024. Please list members in same order as shown in Schedule C above. Copies of your federal and state income are required to verify income reported for each household member

Applicant Name

Member 1 Name

Member 2 Name

Member 3 Name

TYPE OF INCOME

Wages, salaries, other compensation				
Social Security				
Other pension/retirement benefits				
Interest/dividends				
Rental income				
Net profits from business or profession				
Capital gains				
Alimony				
Child Support				
Public assistance				
Unemployment compensation				
Disability compensation				
Other (specify):				
TOTAL 2024 GROSS INCOME - MEMBERS				
TOTAL GROSS INCOME - HOUSEHOLD				

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

F. CO-OWNERS' HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR.

Does Schedule E above include the gross income of ALL co-owners of the property as of January 1, 2025? Yes No

If no, a Schedule C, D and E must be attached for each co-owner not included.

DISPOSTIION OF APPLICATION (ASSESSORS' USE ONLY)

Age

Ownership

Occupancy

Applicant's Gross Income \$ _____

Dependent Deduction \$ _____

Medical Deduction \$ _____

Applicant's CPA Income \$ _____

Co-Owner 1 Gross Income \$ _____

Dependent Deduction \$ _____

Medical Deduction \$ _____

Co-owner 1 CPA Income \$ _____

Co-Owner 2 Gross Income \$ _____

Dependent Deduction \$ _____

Medical Deduction \$ _____

Co-owner 2 CPA Income \$ _____

GRANTED

DENIED

Assessed Surcharge \$ _____

Exempted Surcharge \$ _____

Adjusted Surcharge \$ _____

BOARD OF ASSESSORS

Applicant Name _____

Parcel ID _____

Bill Number _____

Certificate Number _____

Date: _____



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

CPA 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 include copies of the following REQUIRED documents:

1. 2024 Gross Income

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

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. 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.