

BLIND
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: <u>TYNGSBOROUGH</u>
Legal Residence (Domicile) on July 1, <u>2025</u>	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 _____
Mailing Address (If different)	
NO. STREET _____	CITY/TOWN _____ ZIP CODE _____
Did you own the Property on July 1, <u>2025</u> ? 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, <u>2025</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If yes, please attach trust documents for 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 _____ Amount exempted \$ _____</i>	

DISPOSITION OF APPLICATION (ASSESSOR'S USE ONLY)

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

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

B. EXEMPTION STATUS:

Were you legally blind as of July 1, 2025? Yes No

Are you registered with Mass. Commission for the Blind? Yes No

If yes, give Certificate Number _____ Date Registered _____

Attach copy of certificate.

If no, attach a letter from your doctor indicating status as of July 1.

C. 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.