

Senior Tax Relief Act 2019
Assessors' Use only
Date Received
Application No.
Parcel Id.

Carver

Name of City or Town

**CARVER SENIOR TAX RELIEF ACT 2019 FISCAL  
YEAR \_\_\_\_\_ APPLICATION FORM  
Chapter 299 of the Acts of 2018**

**THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION**  
(See General Laws Chapter 59, § 60)

**Return to: Board of Assessors**  
**Must be filed with Assessors on or before**  
**December 1, \_\_\_\_\_.** Any exemption will be  
credited on the **3rd and 4th quarter bills.**

**INSTRUCTIONS:** Complete all sections that apply. Please print or type.

**A. IDENTIFICATION.** Complete this section fully.

Name of Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preference: Home  Cell

Email Address: \_\_\_\_\_

Property Address: \_\_\_\_\_ Mailing Address (If different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you own the property on July 1, \_\_\_\_\_? Yes  No  Single Family Dwelling?: Yes  No

*If yes, were you:* Sole Owner  Co-owner  Life Estate

Was the property subject to a trust as of January 1? Yes  No

*If yes, please attach trust instrument including all schedules.*

Have you been a resident of the Town of Carver for the previous 10 years? Yes  No

*If yes, were you a resident for longer than 6 months in each of those years?* Yes  No

**DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)**

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed Tax \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Exempted Tax \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted Tax \$ _____
Income <input type="checkbox"/>		
Date Voted/Deemed Denied _____		Board of Assessors
Certificate No. _____		
Date Cert./Notice Sent _____		
Exemption: Senior Relief _____		
	Date: _____	

**FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES**

THIS FORM APPROVED BY THE BOARD OF ASSESSORS

**B. EXEMPTION STATUS.** Check each status that applies to you and complete the questions that follow.

**SENIOR 65 OR OLDER as of July 1st of the fiscal year for which the exemption is being requested.**

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Joint applicant: Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

*Please attach copy of qualifying birth certificate.*

**VETERAN 62 OR OLDER as of July 1st of the fiscal year for which the exemption is being requested.**

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Joint applicant: Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

*Please attach copy of qualifying birth certificate.*

Type of Discharge: Honorable? Yes  Other \_\_\_\_\_ *(Please attach DD214.)*

**C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR.**

*Copies of your federal and state tax income returns, and/or other documentation, required to verify your income.*

	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 Assistance, etc.) .....		
<b>TOTALS</b>		

**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.