



# FY 2022 MEANS TESTED SENIOR EXEMPTION

TOWN OF HINGHAM

General Court of the Commonwealth of Massachusetts Chapter 381 Acts of 2020

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

## REQUIREMENTS

- Age: 65 or older (co-owner must be 60 or older) by December 31, 2020
- Residency: Must have been a resident of Hingham for 10 years
- Income: Must meet the 2020 State Circuit Breaker Limits (Single \$61,000, Head of Household \$76,000, Joint \$92,000)
- Must have applied for and received the Ma. State Circuit Breaker Tax Credit in 2020.
- Homeowners Principal Residence not to exceed \$848,000
- Applicant must not have excessive assets that place them outside of the intended recipients of the senior exemption.

## REQUIRED DOCUMENTS

- Proof of Age: Ma. Driver's license, or Birth Certificate.
- Copy of your 2020 Federal Income Tax return
- Copy of your 2020 Massachusetts State Income Tax return
- Copy of 2020 Massachusetts State Income Tax Schedule CB
- Trust Documentation with all schedules, if applicable
- Verification of Assets: (All account statements, assessed value of other Real Estate owned, etc.)
- Completed Signed Application

Deadline to file- September 1, 2021

APPLICATION MUST BE FILED YEARLY

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### A. OWNER/APPLICANT

NAME OF APPLICANT(S) \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_ Marital Status \_\_\_\_\_ Phone \_\_\_\_\_

LEGAL RESIDENCE (Domicile) \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

ASSESSED VALUATION Fiscal Year \_\_\_\_\_ \$ \_\_\_\_\_

How long have you owned this Property? \_\_\_\_\_

If less than 10 years, list prior property location(s): \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Do you own any other Real Estate? YES/NO \_\_\_\_\_ If YES, where: \_\_\_\_\_

Have you been granted a Real Estate tax exemption in any other Municipality? YES/NO \_\_\_\_\_

- If YES where: \_\_\_\_\_

Was the title to the property held in a Trust as of December 31, 2020? YES/NO \_\_\_\_\_

- If YES please attach all Trust instruments including schedules.

### B. CO-OWNER(S)

WERE ALL CO-OWNERS AT LEAST 60 YEARS OF AGE ON OR BEFORE DECEMBER 31, 2020? YES /NO \_\_\_\_\_

- If yes, please state the full name and date of birth for all co-owners:

NAME: 1. \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: 2. \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: 3. \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of years in Hingham CO-OWNERS: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### C. REQUIRED DOCUMENTATION

THE FOLLOWING DOCUMENTATION IS REQUIRED AS PART OF YOUR APPLICATION BY SEPTEMBER 1, 2021

- PROOF OF AGE: OWNER \_\_\_\_ CO-OWNER(S) \_\_\_\_\_
- COPY OF 2020 FEDERAL AND STATE TAX RETURNS \_\_\_\_
- 2020 SCHEDULE CB (Circuit Breaker) \_\_\_\_\_
- TRUST DOCUMENTATION (if applicable) \_\_\_\_\_
- VERIFICATION OF ASSETS \_\_\_\_\_
- SIGNED APPLICATION \_\_\_\_\_
- FILED BY SEPTEMBER 1, 2021 \_\_\_\_\_

**D. ASSETS/VALUE OF PROPERTY OWNED**

**REAL ESTATE**

**ASSESSED VALUE FY 2021**

**AMOUNT DUE ON MORTGAGE**

Homeowners Principal Address:

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Real Estate Address(es):

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**PERSONAL ASSETS**

Bank Accounts: Checking; \_\_\_\_\_ Savings; \_\_\_\_\_ CD's \_\_\_\_\_

Stocks Bonds, Securities (combined) \_\_\_\_\_

IRA, ROTH IRA, 401K, Retirement Acct's (combined) \_\_\_\_\_

Whole Life Insurance Policy: \_\_\_\_\_

Car(s), Boat(s), Motor Home, Trailer: \_\_\_\_\_

Miscellaneous Assets: \_\_\_\_\_

**TOTAL ASSETS:**

**Please provide  
Documents and Statements  
As Proof of All Assets**

**E. SIGNATURE(S)**

BY SIGNING BELOW I DECLARE UNDER PENALTIES OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED IN THIS APPLICATION AND ALL ACCOMPANYING DOCUMENTS AND STATEMENTS ARE TRUE, ACCURATE AND COMPLETE.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

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

Ownership  GRANTED Assessed Tax \$ \_\_\_\_\_

Occupancy  DENIED Exempted Tax \$ \_\_\_\_\_

Status  DEEMED DENIED Adjusted Tax \$ \_\_\_\_\_

Date Voted/Deemed Denied \_\_\_\_\_

Date Voted/Deemed Denied \_\_\_\_\_

Certificate Number \_\_\_\_\_

Date Cert./Notice Sent \_\_\_\_\_  
Date