

TOWN OF LUNENBURG

THE COMMONWEALTH OF MASSACHUSETTS
LUNENBURG

ASSESSORS USE ONLY

DATE RECEIVED

SENIOR MEANS TESTED PROPERTY TAX EXEMPTION

Chapter 314 of the Acts of 2020

FY2026 RE TAX BILL NUMBER _____ FY 2026 APPLICATION

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
GENERAL LAWS CHAPTER 59, SECTION 5
MUST BE FILED WITH BOARD OF ASSESSORS
NO LATER THAN SEPTEMBER 3, 2025

A. IDENTIFICATION: Complete all sections.

Name of Applicant

Status

MARRIED/SINGLE

Tel. No/ email

Legal Residence (Domicile) on July 1, 2024:

Mailing Address (If different)

Location of Property

No. of Dwelling Units

☐ 1 ☐ Other _____ units

If yes, were you: ☐ Sole Owner ☐ Co-Owner with Spouse Only ☐ Co-Owner with Others?

Is the property in a Trust? as of _____ (date) ☐ YES ☐ NO

(IF YES, ATTACH TRUST DOCUMENT)

Have you been granted any exemption in any other city/town for this year? ☐ YES ☐ NO

B.

Did you receive the Massachusetts Circuit Breaker income tax credit in calendar year 2024? ☐ YES ☐ NO

Attach copy of 2024 MA State Tax returns. AMOUNT FROM 2024 MA STATE INCOME TAX RETURN; line 44 _____

IF NO, STOP. THIS PROGRAM REQUIRES THAT THE OWNER HAS TO HAVE RECEIVED THE MA Income Circuit Breaker for **calendar year 2024.**

C.

What was the Town of Lunenburg assessed value for your property in FY2025? _____

IF THE VALUE IS GREATER THAN **\$540,000**; STOP. This program requires an assessed value threshold of **less than \$540,000 for FY2025.**

D.

Have you applied for any other real estate tax exemptions this year? ☐ YES ☐ NO If so, which one(s): _____

E.

Date of Birth, owner : _____, age _____ (provide birth certificate; must be age 65 or older as of July 1, 2024)

Date of Birth, co-owner, name: _____, age _____ (provide birth certificate; must be age 60 or older as of July 1, 2024)

Other owners, if applicable; provide same:

Date of Birth, co-owner, name: _____, age _____ (provide birth certificate; must be age 60 or older as of July 1, 2024)

Date of Birth, co-owner, name: _____, age _____ (provide birth certificate; must be age 60 or older as of July 1, 2024)

F.

Did you own and occupy the property on July 1, 2024? ☐ YES ☐ NO

Have you resided (rent or own) in Lunenburg for the past 15 years? _____ ☐ YES ☐ NO

G. HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR (2024). List income received from all sources for applicant, spouse or contributory occupant or any co-owner of household. Copies of 2024 MA State Income Tax Returns are required to verify income reported.

	Applicant And Spouse	Co-Owner(s) and Spouse(s)	TOTALS
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):			
Winnings			

TOTAL GROSS INCOME	\$	\$	\$

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

H. ASSETS List assets owned; such as bank accounts, stocks, bonds, securities, investments, other.

	<u>Applicant And Spouse</u>	<u>Co-Owner(s) and Spouse(s)</u>	TOTALS
Bank account(s) TOTALED:			
Stocks, bonds, securities			
Other (specify): _____			
Other (specify): _____			
Other (specify): _____			
TOTAL ASSETS	\$	\$	\$

I.

REAL ESTATE:

Location

Other Real Estate Owned

(such as condo, vacation house)

Estimate of value of property: _____ (use assessed value from town/city site)

J. SIGNATURE. Sign here to complete the application.

Under the pains & penalties of perjury, I declare that to the best of my knowledge it and all accompanying documents and statements are true, correct, and complete.

By submitting this application, you agree to allow the Assessors to review your eligibility for other, statutory exemptions. Statutory exemptions must be applied to the tax bill, before the Means Tested Exemption can be calculated.

Applicant Signature

Date

IF SIGNED BY AGENT, ATTACH COPY OF WRITTEN AUTHORIZATION TO SIGN ON BEHALF OF TAXPAYER

THERE IS NO APPEAL FOR THIS PROGRAM.

APPLICANT NAME: _____

IF DENIED, REASON: _____

DISPOSITION OF APPLICATION

- ☐ GRANTED Assessed Tax \$ _____
- ☐ DENIED Exempted Tax \$ _____
- ☐ DEEMED DENIED Assessed Tax \$ _____

BOARD OF ASSESSORS

_____ Date: _____

_____ Date: _____

_____ Date: _____