

TOWN OF LUNENBURG

ASSESSORS USE ONLY

THE COMMONWEALTH OF MASSACHUSETTS
LUNENBURG

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.

<u>Name of Applicant</u>	<u>Status</u> MARRIED/SINGLE	<u>Tel. No/ email</u>
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<u>Legal Residence (Domicile) on July 1, 2024:</u>	<u>Mailing Address (If different)</u>
 <u>Location of Property</u> <u>No. of Dwelling Units</u> <input type="checkbox"/> 1 <input type="checkbox"/> Other _____ units	
If yes, were you: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-Owner with Spouse Only <input type="checkbox"/> Co-Owner with Others?	
Is the property in a Trust? as of _____ (date) <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH TRUST DOCUMENT)	
Have you been granted any exemption in any other city/town for this year? <input type="checkbox"/> YES <input type="checkbox"/> NO	

B.
Did you receive the Massachusetts Circuit Breaker income tax credit in calendar year 2024? <input type="checkbox"/> YES <input type="checkbox"/> 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 <u>MA</u> 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 <u>\$540,000</u> ; STOP. This program requires an assessed value threshold of <u>less than \$540,000</u> 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.

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

I.

REAL ESTATE:

Other Real Estate Owned
(such as condo, vacation house)

Location

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

<input type="checkbox"/>	GRANTED	Assessed Tax \$_____
<input type="checkbox"/>	DENIED	Exempted Tax \$_____
<input type="checkbox"/>	DEEMED DENIED	Assessed Tax \$_____

BOARD OF ASSESSORS

_____ Date: _____

_____ Date: _____

_____ Date: _____