

The Commonwealth of Massachusetts

**TOWN OF BOXFORD**

**FINANCIAL HARDSHIP - SENIOR -- CLAUSE 57 EXEMPTION  
FISCAL YEAR 2024 APPLICATION  
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 on or before April 1st.

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**INSTRUCTIONS:** Complete Sections A and B. Please provide a complete copy of your **2022** MA Income Tax Return.

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

Name of Applicant: _____			
Telephone Number: _____		Marital Status: _____	
Legal Residence (Domicile) on July 1 <sup>st</sup> , 2023		Mailing Address (if different):	
_____			
No.	Street	City/Town	Zip Code
Location of Property: _____ # of Dwelling Units 1    2    3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____			
Did you own the property on July 1, 2023?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, were you</i> Sole Owner <input type="checkbox"/> Co-owner with Spouse <input type="checkbox"/> Co-owner with Others <input type="checkbox"/>			
Was the property subject to a trust as of July 1, 2023    ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, please attach trust instrument including all schedules.</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</i> _____		<i>Amount exempted \$</i> _____	

**B. 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. If necessary, I agree to an extension of the assessors' 3 month action period until April 15<sup>th</sup>.

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Signature

Date

If signed by an agent, attach copy of written authorization to sign on behalf of taxpayer.

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

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

Ownership _____	GRANTED _____	ASSESSED TAX _____
Occupancy _____	DENIED _____	EXEMPTED TAX _____
Status _____	DEEMED DENIED _____	ADJUSTED TAX _____
Dated voted/Deem Denied _____		BOARD OF ASSESSORS
Certificate # _____		_____
Date Certified/Notice Sent _____		_____
		_____
		DATE _____