

Dear Applicant for Senior Low-Income exemption (Cl. 41C) = \$1,000 every fiscal year
The exemption is \$500 taken off your January bill and \$500 taken off your April bill.

If you wish to apply, please return this completed and signed application by October 9, 2026.

To qualify, you must own and occupy the property as of July 1, 2026, and meet the ownership requirements on the application.

Please note: If your home is in a Trust, then you will qualify as the homeowner only if you are both a Trustee or Co-Trustee and have sufficient beneficial interest in the home.

DOCUMENTS TO INCLUDE WITH YOUR APPLICATION:

1-A copy of pages 1 & 2 of your 2025 Income Tax return and all income schedules. If you didn't file a 2025 tax return, then please sign the Non-filer Affidavit.

2-Copies of 2 months of all bank statements, IRA account values, investments, other asset accounts etc. (please include all pages of the statements).

Your 2025 Income and Assets had to be below these maximum amounts:

INDIVIDUAL

Income = BELOW \$33,376

Assets = BELOW \$40,000

MARRIED COUPLE

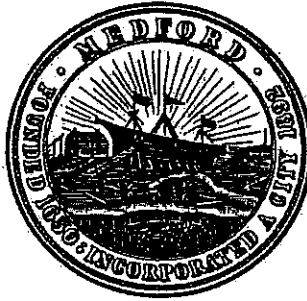
Income = BELOW \$50,067

Assets = BELOW \$55,000

Everyone has to re-apply every year starting on July 1.

Please note: We are sending you this application as a courtesy. It is your responsibility to remember to apply every year.

Thank you, Assessors Dept.- Room 109, City Hall, Medford 781-393-2435



AFFIDAVIT FOR NON-FILER

If you do not file a Federal Income Tax Return, please sign and return this Affidavit when you submit your Exemption Application.

AFFIDAVIT

My income was not sufficient to require the filing of a Federal Income Tax Return for the most recent calendar year.

Signed Under the Penalty of Perjury

Date

Clearly Print Your Name

The Commonwealth of Massachusetts

MEDFORD

Name of City or Town

17	41
Assessors' Use only	
Date Received	
Application No.	
Parcel Id.	

SENIOR
FISCAL YEAR 2027 APPLICATION FOR STATUTORY EXEMPTION
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 1, or 3 months after actual (not preliminary) tax bills are mailed for fiscal year if later.

INSTRUCTIONS: Complete the following. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____	
Telephone Number _____	Marital Status _____
Legal Residence (Domicile) on July 1, <u>2026</u>	Mailing Address (if different) _____
No. Street City/Town Zip Code	
Location of Property: _____	No. of Dwelling Units: 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other _____
Did you own the property on July 1, <u>2026</u> ? Yes ☐ No ☐	
If yes, were you: Sole Owner ☐ Co-owner with Spouse Only ☐ Co-owner with Others ☐	
Was the property subject to a trust as of July 1, <u>2026</u> ? Yes ☐ No ☐	
If yes, please attach trust instrument including all schedules.	
Have you been granted any exemption in any other city or town (MA or other) for this year? Yes ☐ No ☐	
If yes, name of city or town _____ Amount exempted \$ _____	

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership ☐	GRANTED ☐	Assessed Tax \$ _____
Occupancy ☐	DENIED ☐	Exempted Tax \$ _____
Status ☐	DEEMED DENIED ☐	Adjusted Tax \$ _____
Income ☐		
Assets ☐		Board of Assessors
Date Voted/Deemed Denied _____		
Certificate No. _____		
Date Cert./Notice Sent _____		
Exemption: Clause _____	Date: _____	

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

B. EXEMPTION STATUS. Complete the questions that follow.

☒ **SENIOR 70 OR OLDER (65 or older by local option- See Assessors)** Date of Birth _____
If first year of application, attach copy of birth certificate.

Have you owned and occupied the property as your domicile for at least 11 years? Yes ☐ No ☐
(6 years if local option under Clause 41C½ adopted - See Assessors)

If no, list the other properties you owned and/or occupied during the past 11 years (6 years if local option under Clause 41C½ adopted - See Assessors.)

Address	Dates	Owned	Occupied
_____	_____	☐	☐
_____	_____	☐	☐

Continue list on attachment in same format as necessary.

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR. Complete this section. Copies of your federal and state income tax return, and other documentation, may be requested 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.)		
TOTALS		

D. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR. Complete this section. Documentation may be requested to verify your assets.

Personal Estate

Bank Accounts: Name & Address of Bank

_____	_____
_____	_____

Stocks, Bonds, Securities, etc.: Description & Amount

_____	_____
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Motor Vehicles & Trailers: Year, Make & Model

_____	_____
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Other Non-exempt Personal Property: Kind & Description

_____	_____
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TOTAL .

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.