

Dear Applicant for Senior NOT low-income or Surviving Spouses exemption (Cl. 17D) = \$175 exemption every fiscal year:

The exemption is \$87.50 taken off of your January bill and \$87.50 off of 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 and domiciliary requirements that are on the application.

Please note: If your home is in a Trust, then you 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:

Copies of 2 months of all bank statements, IRA account values, investments, other asset accounts, etc. Please include all pages of all statements.

Your 2025 Assets had to be below these maximum amounts:

*Individual: Assets = BELOW \$40,000

*Married Couple: 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

The Commonwealth of Massachusetts

MEDFORD

Name of City or Town

17	42&43
Assessors' Use only	
Date Received	
Application No.	
Parcel Id.	

SURVIVING SPOUSE OR MINOR
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, 2026 _____	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, 2026 ? 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, 2026 ? 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