



APPLICATION DEADLINE – AUGUST 31st EACH YEAR

TOWN OF SHUTESBURY

APPLICATION FOR SENIOR TAX RELIEF

Contact SHUTESBURY BOARD OF ASSESSORS with Questions: 413.259.3790/Assessor@shutesbury.org

In order to be eligible for this exemption, the following requirements MUST be met:

1. You, or at least one joint applicant, must have owned and occupied a home in Shutesbury as your principal residence for the last ten (10) consecutive years.
2. You must have filed a Massachusetts State Tax Form Schedule CB (Circuit Breaker) for the previous calendar year
3. Primary applicant must be 65 and any joint applicant must be 60 by December 31st of the previous calendar year.

THIS APPLICATION MUST BE RECEIVED IN THE ASSESSORS' OFFICE BY AUGUST 31st Each Year.

Incomplete applications or those missing supporting documentation will not be processed; provide all of the requested information.

1. Name of Applicant(s): _____ Address: _____

 City/Town: _____ State: _____ Zip: _____
 Home Phone: _____ Cell/Work Phone: _____
 Email Address: _____
2. Applicant Date of Birth: _____ Joint Application Date of Birth: _____ Valid Massachusetts ID: _____ Valid Massachusetts ID: _____
3. Current Assessed Value of Principal Residence: _____ No. of Units: _____
4. Date you purchased the property: _____ If less than 10 years ago, prior address: _____
5. Is property subject to a trust? _____ *If yes, please attach trust document and all schedules.*
6. Do you own any other real estate? _____ If yes, please provide address: _____

7. Have you been granted any tax exemption in any other city or town? _____ Where? _____
8. Provide your Circuit Breaker Income Tax Credit amount from previous calendar year: \$ _____

Please attach a copy of your previous calendar year State Income Tax filing, and the corresponding MA Schedule CB.

Subscribed this _____ day of _____, _____, under the pains and penalties of perjury.

Signature of Applicant: _____

The filing of this application does not stay the collection of your real estate tax obligation. A credit will be applied or a refund issued if the exemption is allowed.

BOARD OF ASSESSORS ACTION

APPROVE: _____
DENY: _____

EXEMPTION AMOUNT: \$ _____
SIGNATURES: _____
