

COMMONWEALTH OF MASSACHUSETTS

FY2026 WELLESLEY APPLICATION FOR BLIND STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

ASSESSORS USE ONLY

Clause 37A

Date Received:

Other Exemptions: \$

Bill #:

Parcel ID:

THIS APPLICATION IS NOT OPEN TO PUBLIC
INSPECTION (see General Laws Chapter 59, Section
60)

INSTRUCTIONS:

**Please review and make any corrections to this form and sign on reverse.
New applications must include a Certificate of Eligibility.
Applications must be received by April 1, 2026.**

A. IDENTIFICATION.

Name of Applicant: [REDACTED]

Social Security No.: XXX-XX-_____

Telephone No.: [REDACTED]

Legal Residence (domicile) on July 1: [REDACTED]

Mailing Address (if different): [REDACTED]

Location of property: [REDACTED]

Did you own the property on July 1? [REDACTED]

If yes, were you

Sole Owner? [REDACTED]

Co-owner Spouse? [REDACTED]

Co-owner with others? [REDACTED]

Was the property subject to a trust as of July 1? [REDACTED]

(If yes, attach trust instrument including all schedules)

Have you been granted any exemption in any other city or town for this year? [REDACTED]

If yes, name of city or town: [REDACTED]

Amount exempted: [REDACTED]

B. EXEMPTION STATUS.

Check the status that applies to you and complete the questions that follow.

(Proof of blindness as certified by the Massachusetts Commission of the Blind must be attached.)

Were you legally blind as of July 1?

Are you registered with Mass. Commission for the Blind?

If yes, please indicate your certificate number:

Date registered:

If no, attach a letter from your doctor indicating your status as of July 1st

C. SIGNATURE. Sign below to complete the application.

This application has been prepared or examined by me. Under pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Your signature

Date

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