

COMMONWEALTH OF MASSACHUSETTS

# FY2026 WELLESLEY APPLICATION FOR PROPERTY TAX DEFERRAL SENIOR 65 AND OLDER

General Laws Chapter 59, Section 5

ASSESSORS USE ONLY

Clause:

Date Received:

Other Exemption: \$

Bill #:

Parcel ID:

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

**Tax Deferral and Recovery Agreement form 97-1 must accompany this application unless already on file and persons with interest in property remain the same.**

**INSTRUCTIONS:**

**Please review and make any corrections to this form,  
sign on reverse and attach your 2024 federal tax returns.**

**Applications must be received by April 1, 2026.**

**A. IDENTIFICATION.**

Name of Applicant: [REDACTED] Date of Birth: [REDACTED]

Social Security No.: [REDACTED] Telephone No.: [REDACTED]

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

Mailing Address (if different): [REDACTED]

Location of property: [REDACTED]

Have you owned and occupied the property as your domicile for at least 5 years? [REDACTED]

If no, list the other properties you owned and / or occupied during the past 10 years.

Address	Dates	Owned	Occupied
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

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

**Amount of tax you are seeking to defer this year:** [REDACTED] **Fiscal Year 2026 Interest Rate: 3.78%**

FILING THIS FORM DOES NOT STAY THE PAYMENT OF YOUR TAXES.

**B. PERSONS WITH INTEREST IN PROPERTY.**Did you own the property on July 1? 

If yes, were you

Sole Owner? Co-owner Spouse? Co-owner with others? Was there a mortgage on the property as of July 1? If yes, the amount due on the mortgage: Name of the mortgagee(s): Was the property subject to a life estate on July 1? If yes, the name of the remaindermen (person receiving the property after your death): Was the property subject to a trust as of July 1? 

(If yes, attach trust instrument including all schedules)

**C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR.****A copy of your 2024 federal tax return is requested to verify your income.**

Retirement benefits (Social Security, Railroad, Federal, Mass. and Political Subdivisions)  
Other pensions and retirement allowances  
Wages, salaries and other compensation  
Net profits from business or profession  
Interest and dividends  
Other receipts (rent, capital gains, etc.)

TOTALS

APPLICANT  
AND SPOUSE\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_CO-OWNER(S)  
AND SPOUSE\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_**D. SIGNATURE. Sign here 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.