

COMMONWEALTH OF MASSACHUSETTS

FY2026 WELLESLEY APPLICATION FOR SENIOR 65 AND OLDER STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

ASSESSORS USE ONLY

Clause 41D

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,
sign on reverse and attach your 2024 federal tax returns.**

Applications must be received by April 1, 2026.

A. IDENTIFICATION.

Name of Applicant: [REDACTED]

Social Security No.: [REDACTED]

Telephone No.: [REDACTED]

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

Date of Birth: [REDACTED]

Mailing Address (if different): [REDACTED]

Marital Status: [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]

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

B. EXEMPTION STATUS.

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 5 years? _____

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

Address	Dates	Owned	Occupied
_____	_____	_____	_____

C. GROSS RECEIPTS (ALL INCOME TAXABLE AND NON-TAXABLE) FROM 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. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.**

Documentation is requested to verify your assets.

PLEASE COMPLETE BELOW WHERE SHADER
E
A
L

Domicile:

Previous Year Assessed Value
\$ _____Amount due on mortgage
\$ _____Value
\$ _____

Other Property:

\$ _____

\$ _____

\$ _____

P
E
R
S
O
N
A
L

Bank accounts:

Name and address of bank

_____Value
\$ _____
\$ _____
\$ _____S
T
O
C
K
S

Stocks, bonds, securities, etc.:

Description and amount owned

Value
\$ _____
\$ __________

Other non-exempt personal property:

Type

Description

Value

\$ _____

TOTAL

\$ _____

E. 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.