ASSESSORS USE ONLY
DATE RECEIVED

THE COMMONWEALTH OF MASSACHUSETTS

WILLIAMSTOWN

MEANS TESTED SENIOR CITIZEN PROPERTY TAX EXEMPTION

Chapter 334 of the Acts of 2024

FY2025 RE TAX BILL NUMBER _____ FY 2026 APPLICATION

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
GENERAL LAWS CHAPTER 59, SECTION 5
MUST BE FILED WITH BOARD OF ASSESSORS
NO LATER THAN JULY 31ST OF EVERY YEAR

A. IDENTIFICATION: Complete all sections.

Name of Applicant | **Status** MARRIED/SINGLE | **Tel. # / email**

_____ _____ _____

Legal Residence (Domicile) on July 1, 2025: | **Mailing Address (If different)**

_____ _____

Location of Property | **No. of Dwelling Units**

_____ ☐ 1 ☐ Other _____units

If yes, were you: ☐ Sole Owner ☐ Co-Owner with Spouse Only ☐ Co-Owner with Others?

Is the property in a Trust? as of _____ (date) ☐ YES ☐ NO

(IF YES, ATTACH TRUST DOCUMENT)

Have you been granted an exemption in any other city/town for this year? ☐ YES ☐ NO

B.

Did you receive the Massachusetts Circuit Breaker income tax credit in calendar year2024? ☐ YES ☐ NO

Attach copy of 2024 MA State Tax returns. AMOUNT FROM 2024 MA STATE INCOME TAX RETURN; line 44 _____

IF NO, STOP! THIS PROGRAM REQUIRES THAT THE OWNER MUST HAVE RECEIVED THE MA Income Senior Circuit Breaker Tax Credit for calendar year 2024.

C.

What was the Town of Williamstown assessed value for your property in FY2025? _____

IF THE VALUE IS GREATER THAN $483,010; STOP! This program requires an assessed value threshold of less than $483,010 for FY2026.

D.

Have you applied for any other real estate tax exemptions this year? ☐ YES ☐ NO If so, which one(s): _____

E.

Date of Birth, owner: _____ , age _____ provide birth certificate or driver's license; must be age 65 as of Dec. 31, 2024

Date of Birth, co-owner, name: _____ , age _____ provide birth certificate or driver's license; must be age 60 as of Dec. 31, 2024

Other owners, if applicable, provide same:

Date of Birth, co-owner, name: _____ , age _____ provide birth certificate or driver's license; must be age 60 as of Dec.31, 2024

Date of Birth, co-owner, name: _____ , age _____ provide birth certificate or driver's license; must be age 60 as of Dec. 31, 2024

F.

Did you own and occupy the property on July 1, 2025? ☐ YES ☐ NO

Have you resided (rent or own) in Williamstown for the past 5 years? _____ ☐ ☐ YES NO

G. HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR (2024). List income received from all sources for applicant, spouse or contributary occupant or any co-owner of household. Copies of 2024 MA State Income Tax Returns are required to verify stated income.

	Applicant And Spouse	Co-Owner(s) and Spouse(s)	**TOTALS**
Wages, salaries, other compensation	$	$	$
Social Security			
Other pension/retirement benefits			
Interest/dividends			
Rental income			
Net profits from business or profession			
Capital gains			
Alimony			
Child support			
Public assistance			
Unemployment compensation			
Disability compensation			
Other (specify):			
Winnings			

TOTAL GROSS INCOME	$	$	$

Continue list on attachment, in same format, as necessary.

H. ASSETS List assets owned, such as bank accounts, stocks, bonds, securities, investments, other.

	Applicant And Spouse	Co-Owner(s) and Spouse(s)	**TOTALS**
Bank account(s) TOTALED:			
Stocks, bonds, securities			
Other (specify): _____			
Other (specify): _____			
Other (specify): _____			
TOTAL ASSETS	$	$	$

I.

REAL ESTATE: **Location**

Other Real Estate Owned _____ _____ _____
(such as condo, vacation house, land, etc.)

Estimate of value of property: _____ (use assessed value from town/city website)

J. SIGNATURE. Sign here to complete the application.

Under the pains & penalties of perjury, I declare that to the best of my knowledge it and all attached documents and statements are true, correct, and complete.

By submitting this application, you agree to allow the Assessors to review your eligibility for other, statutory exemptions. Statutory exemptions must be applied to the tax bill before the Means Tested Exemption is calculated.

_____ _____

Applicant Signature Date

IF SIGNED BY AGENT, ATTACH COPY OF WRITTEN AUTHORIZATION TO SIGN ON BEHALF OF TAXPAYER

THERE IS NO APPEAL FOR THIS PROGRAM.

APPLICANT NAME: _____

IF DENIED, REASON: _____

DISPOSITION OF APPLICATION

☐ GRANTED Assessed Tax $_____

☐ DENIED Exempted Tax $_____

☐ DEEMED DENIED Assessed Tax $_____

BOARD OF ASSESSORS

_____ Date: _____

_____ Date: _____

_____ Date: _____