



The City of  
**WORCESTER**

**Assessing Division**  
**Samuel E. Konieczny, MAA, City Assessor** City  
Hall, 455 Main Street, Worcester, MA 01608 **P** |  
508-799-1098 **F** | 508-799-1021  
assessing@worcesterma.gov

Parcel: \_\_\_\_\_

**Clause: 41C**

*Add check mark to documents added. ✓*

Dear Taxpayer:

To process your application, please provide all documents that apply to you.

- **Driver's License of Massachusetts Identification Card**
- **Do you file taxes? (Yes/no)**
- **Copy of your 2026 Federal Income tax return (Form 1040, plus any additional schedules filed)," with your year-end Social Security benefits statement.**
- **Copy of year-end 2026 Form SSA-1099 statement from Social Security. Please include any" copies of supplemental Social Security received, in addition to any disability income.**
- **Copy of year-end 2026 statement of pension distributions.**
- **Copy of year-end 2026 forms for statement of wages, salary, and other compensation earned.**
- **Copy of year-end 2026 1099-INT statement of dividends and interest earned from:**
- **Statement of any capital gains in 2026.**
- **Statements from all Banking Accounts (ALL PAGES NEEDED), showing (June, July, and" August of 2027).**
- **All assets Land, Vehicles, Securities like stocks, bonds, and cash.**
- **Marriage Certificate (If needed).**
- **Pensions, 401K, retirement funds or life insurance with cash surrender value.**
- **Application form needs to be signed and dated.**
- **Rental income if more than a single family home.**
- **Community Preservation Act low income application.**

Submit to:

Mail: Assessing Department, Room 209

455 Main St Worcester, MA 01608.

Fax: 508-799-1021

E-Mail: assessing@worcesterma.gov

*Please return with application.*

17D	41C
Assessors' Use only	
Date Received	
Application No.	
Parcel Id.	

\_\_\_\_\_  
Name of City or Town

**SENIOR**  
**FISCAL YEAR \_\_\_\_\_ APPLICATION FOR STATUTORY EXEMPTION**  
**General Laws Chapter 59, § 5**

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

**Return to: Board of Assessors**

Must be filed with assessors on or before April 1, or 3 months after actual (**not** preliminary) tax bills are mailed for fiscal year if later.

**INSTRUCTIONS:** Complete the following. Please print or type.

**A. IDENTIFICATION.** Complete this section fully.

Name of Applicant _____	
Telephone Number _____	Marital Status _____
Legal Residence (Domicile) on July 1, _____	Mailing Address (If different) _____
No. _____ Street _____ City/Town _____ Zip Code _____	
Location of Property: _____	No. of Dwelling Units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____
Did you own the property on July 1, _____? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, were you: Sole Owner <input type="checkbox"/> Co-owner with Spouse Only <input type="checkbox"/> Co-owner with Others <input type="checkbox"/>	
Was the property subject to a trust as of July 1, _____? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please attach trust instrument including all schedules.	
Have you been granted any exemption in any other city or town (MA or other) for this year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, name of city or town _____ Amount exempted \$ _____	

**DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)**

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed Tax \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Exempted Tax \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted Tax \$ _____
Income <input type="checkbox"/>		
Assets <input type="checkbox"/>		Board of Assessors
Date Voted/Deemed Denied _____		
Certificate No. _____		
Date Cert./Notice Sent _____		
Exemption: Clause _____	Date: _____	

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

**B. EXEMPTION STATUS.** Complete the questions that follow.

☐ **SENIOR 70 OR OLDER (65 or older by local option- See Assessors)** 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 11 years? Yes ☐ No ☐

*(6 years if local option under Clause 41C½ adopted - See Assessors)*

*If no, list the other properties you owned and/or occupied during the past 11 years (6 years if local option under Clause 41C½ adopted - See Assessors.)*

Address	Dates	Owned	Occupied
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

**C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR.** Complete this section. Copies of your federal and state income tax return, and other documentation, may be requested to verify your income.

	Applicant & Spouse	Co-owner(s) & Spouse(s)
Retirement Benefits (Social Security, Railroad, Federal, MA & Political Subdivisions)...		
Other Pensions and Retirement Allowances.....		
Wages, Salaries and other Compensation .....		
Net Profits from Business, Profession or Property Rental.....		
Interest and Dividends.....		
Other Receipts (Capital Gains, Public Assistance, etc.) .....		
TOTALS		

**D. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.** Complete this section. Documentation may be requested to verify your assets.

Real Estate	Assessed Valuation	Amount Due on Mortgage	Value
Domicile _____	_____	_____	_____
Other _____	_____	_____	_____
<b>Personal Estate</b>			
Bank Accounts: Name & Address of Bank			
_____		_____	_____
_____		_____	_____
Stocks, Bonds, Securities, etc.: Description & Amount			
_____		_____	_____
_____		_____	_____
Motor Vehicles & Trailers: Year, Make & Model			
_____		_____	_____
_____		_____	_____
Other Non-exempt Personal Property: Kind & Description			
_____		_____	_____
_____		_____	_____
TOTAL			_____

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**E. SIGNATURE.** Sign here to complete the application.

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

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Signature

Date

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

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**TAXPAYER INFORMATION ABOUT PERSONAL EXEMPTIONS**

**PERSONAL EXEMPTIONS.** You may be eligible to reduce all or a portion of the taxes assessed on your domicile if you meet the qualifications for one of the personal exemptions allowed under Massachusetts law. Qualifications vary, but generally relate to age, ownership, residency, disability, income or assets.

You may be eligible for an exemption if you fall into any of these categories:

- Legally blind person
- Veteran with a service-connected disability
- Surviving spouse of a servicemember, national guard member or veteran who died from active duty injury or illness
- Surviving spouse
- Minor child of a deceased parent
- Senior citizen age 70 and older (65 and older by local option)

More detailed information about the qualifications for each exemption may be obtained from your board of assessors.

**WHO MAY FILE AN APPLICATION.** You may file an application if you meet all qualifications for a personal exemption as of July 1. You may also apply if you are the personal representative of the estate, or trustee under the will, of a person who qualified for a personal exemption on July 1.

**WHEN AND WHERE APPLICATION MUST BE FILED.** Your application must be filed with the assessors on or before April 1, or 3 months after the actual bills were mailed for the fiscal year, whichever is later. An application is filed when (1) received by the assessors on or before the filing deadline, or (2) mailed by United States mail, first class postage prepaid, to the proper address of the assessors, on or before the filing deadline, as shown by a postmark made by the United States Postal Service. **THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, YOU LOSE ALL RIGHTS TO AN EXEMPTION AND THE ASSESSORS CANNOT BY LAW GRANT YOU ONE.**

**PAYMENT OF TAX.** Filing an application does not stay the collection of your taxes. In some cases, you must pay all preliminary and actual installments of the tax when due to appeal the assessors' disposition of your application. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. If an exemption is granted and you have already paid the entire year's tax as exempted, you will receive a refund of any overpayment.

**ASSESSORS DISPOSITION.** Upon applying for an exemption, you may be required to provide the assessors with further information and supporting documentation to establish your eligibility. The assessors have 3 months from the date your application is filed to act on it unless you agree in writing before that period expires to extend it for a specific time. If the assessors do not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether an exemption has been granted or denied.

**APPEAL.** You may appeal the disposition of your application to the Appellate Tax Board, or if applicable, the County Commissioners. The appeal must be filed within 3 months of the date the assessors acted on your application, or the date your application was deemed denied, whichever is applicable. The disposition notice will provide you with further information about the appeal procedure and deadline.

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Date Received  
Application No.  
Parcel Id.

\_\_\_\_\_  
Name of City or Town

**LOW INCOME PERSONS - LOW OR MODERATE INCOME SENIORS**  
**FISCAL YEAR \_\_\_\_\_ APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION**  
**General Laws Chapter 44B**

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION  
(See General Laws Chapter 44B, § 3 and Chapter 59, § 60)

**Return to: Board of Assessors**

Must be filed with assessors on or before April 1, or  
3 months after actual (**not** preliminary) tax bills are  
mailed for fiscal year if later.

**INSTRUCTIONS:** Complete all sections. Please print or type.

**A. IDENTIFICATION.** Complete this section fully.

Name of Applicant \_\_\_\_\_

Telephone Number \_\_\_\_\_

Marital Status \_\_\_\_\_

Were you 60 years or older on January 1, \_\_\_\_\_? Yes ☐ No ☐

*If yes and first year of application, please attach copy of birth certificate.*

Legal residence (domicile) on January 1, \_\_\_\_\_

No. Street

City/Town

Zip Code

Mailing address (if different) \_\_\_\_\_

No. Street

City/Town

Zip Code

Location of property: \_\_\_\_\_ No. of dwelling units: 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other \_\_\_\_\_

Did you own the property on January 1, \_\_\_\_\_? Yes ☐ No ☐

*If yes, were you:* Sole owner ☐ Co-owner with spouse only ☐ Co-owner with others ☐

Was the property subject to a trust as of January 1, \_\_\_\_\_? Yes ☐ No ☐

*If yes, please attach trust instrument including all schedules.*

Have you been granted any exemption in any other city or town (MA or other) for this fiscal year? Yes ☐ No ☐

*If yes, name of city or town \_\_\_\_\_ Type of exemption \_\_\_\_\_*

**B. SIGNATURE.** Sign here to complete the application.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**YOU MUST ALSO COMPLETE SCHEDULES C - F ON FOLLOWING PAGES**

FILING THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR SURCHARGE.  
TO AVOID INTEREST AND COLLECTION CHARGES, YOU MUST PAY SURCHARGE AS BILLED BY DUE DATE.  
IF EXEMPTION IS GRANTED AND SURCHARGE IS PAID IN FULL, REFUND WILL BE MADE.  
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE