

The Commonwealth of Massachusetts  
HOPKINTON  
FISCAL YEAR **2021** APPLICATION FOR A GRANT  
FROM THE HOPKINTON TAX RELIEF FUND

Tax Relief Committee Only	
Date Rec'd	_____
App. No.	_____
Parcel ID	_____

Must be filed on or before March 1, 2021.  
Return to: TAX RELIEF COMMITTEE  
18 Main Street, Hopkinton, MA 01748

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

**IDENTIFICATION. Complete this section fully.**

Name of Applicant: _____				Marital Status: _____	
Telephone Number: _____				Mailing Address (if different)	
Legal Residence (Domicile) on July 1, 2020				_____	
No.	Street	City/Town	Zip Code	Date(s) of Birth: _____	
Location of Property: _____					
Type of Property:	Single Family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Did you own the property on July 1, 2020?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, were you:		Sole Owner <input type="checkbox"/>	Co-Owner with Spouse <input type="checkbox"/>	Co-Owner with Others <input type="checkbox"/>	
Was the property subject to a trust as of July 1, 2020?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, are you:		Trustee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Beneficiary Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you responsible for payment of the property taxes?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Information: _____					

**DISPOSITION OF APPLICATION (TAX RELIEF COMMITTEE 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"/>			Adjusted Tax	\$	-
Income	<input type="checkbox"/>			Tax Relief Committee Signatures		
Assets	<input type="checkbox"/>					
Date Voted:	_____		_____			
Certification No.	_____		_____			
Date Cert./Notice Sent:	_____		_____			
			Date:	_____		

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

	Applicant & Spouse
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.)	\$ -
<b>TOTAL:</b>	<b>\$ -</b>

**VALUE OF ALL PROPERTY OWNED ON JULY 1, 2018.** Complete this section. Documentation may be requested to verify your assets.

Real Estate	Assessed Valuation	Mortgage Balance	Value
Domicile	_____	_____	\$ -
Other	_____	_____	\$ -
<b>Personal Estate</b>			
Bank Accounts: Name and Address of Bank			
	_____		\$ -
	_____		\$ -
	_____		\$ -
Stocks, Bonds, Securities, etc.: Description and Amount			
	_____		\$ -
	_____		\$ -
Motor Vehicles & Trailers: Year, Make & Model			
	_____		\$ -
	_____		\$ -
Other Non-exempt Personal Property: Kind and Description			
	_____		\$ -
	_____		\$ -
<b>TOTAL:</b>			<b>\$ -</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, this application and all accompanying documents and statements are true, correct and complete.

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

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Only applications from persons who own and occupy a single family home in Hopkinton which is their primary residence shall be considered for approval. Subject to exceptions approved by the Tax Relief Committee on a case-by-case basis, the maximum annual income and value of assets allowable for approval shall be the same as those permitted for approval of the Elderly Exemption under clause 41C of MGL Ch. 59, Sec. 5 for the year for which the application is submitted

The minimum age for qualification is *60 years*, except for disabled persons, for whom there is no minimum age.