FY 2027 MEANS TESTED SENIOR EXEMPTION

TOWN OF HINGHAM

General Court of the Commonwealth of Massachusetts Chapter 381 Acts of 2020

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

Deadline to file - September 1, 2026

A. OWNER/APPLICANT

NAME OF APPLICANT(S)_____

DATE(S) of BIRTH_____ Marital Status _____

Phone_____ Email _____ Years Owned Property in Hingham_____

LEGAL RESIDENCE (Domicile) _____

MAILING ADDRESS (if different)_____

ASSESSED VALUATION Fiscal Year_____ $_____

How long have you owned this Property? _____

If less than 10 years, list prior property location(s):_____From_____To_____

Do you own any other Real Estate? YES/NO_____ If YES, where:_____

Have you been granted a Real Estate tax exemption in any other Municipality? YES/NO_____

- If YES where: _____

Was the title to the property held in a Trust as of December 31, 2025? YES/NO_____

- If YES please attach all Trust instruments including schedules.

B. CO-OWNER(S)

WERE ALL CO-OWNERS AT LEAST 60 YEARS OF AGE ON OR BEFORE DECEMBER 31, 2025? YES /NO_____

- If yes, please state the full name and date of birth for all co-owners:

NAME: 1. _____ D.O.B. _____/_____/_____

NAME: 2. _____ D.O.B. _____/_____/_____

NAME: 3. _____ D.O.B. _____/_____/_____

Number of years in Hingham CO-OWNERS: 1._____ 2._____ 3. _____

C. REQUIRED DOCUMENTATION

THE FOLLOWING DOCUMENTATION IS REQUIRED AS PART OF YOUR APPLICATION BY SEPTEMBER 1, 2026

- PROOF OF AGE: OWNER ____ CO-OWNER(S) _____
- COPY OF 2025 FEDERAL AND STATE TAX RETURNS___
- 2025 SCHEDULE CB (Circuit Breaker) _____
- TRUST DOCUMENTATION (if applicable) _____
- VERIFICATION OF ASSETS _____
- SIGNED APPLICATION _____
- FILED BY SEPTEMBER 1, 2026_____

D. ASSETS/VALUE OF PROPERTY OWNED

REAL ESTATE **ASSESSED VALUE FY 2026** **AMOUNT DUE ON MORTGAGE**

Homeowners Principal Address:

_____ $_____ $_____

Other Real Estate Address(es):

_____ $_____ $_____

PERSONAL ASSETS

Bank Accounts: Checking; _____Savings; _____CD's _____

Stocks Bonds, Securities (combined) _____

IRA, ROTH IRA, 401K, Retirement Acct's (combined) _____

Whole Life Insurance Policy: _____

Car(s), Boat(s), Motor Home, Trailer: _____

Miscellaneous Assets:

TOTAL ASSETS:

_____

Please provide Documents and Statements As Proof of All Assets

E. SIGNATURE(S)

BY SIGNING BELOW I DECLARE UNDER PENALTIES OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED IN THIS APPLICATION AND ALL ACCOMPANYING DOCUMENTS AND STATEMENTS ARE TRUE, ACCURATE AND COMPLETE.

_____ _____

Signature Date

_____ _____

Signature Date

_____ _____

Signature Date

F. DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

☐ Ownership ☐ GRANTED Assessed Tax $_____

☐ Occupancy ☐ DENIED Exempted Tax $_____

☐ Status ☐ DEEMED DENIED Adjusted Tax $_____

Date Voted/Deemed Denied_____ _____

Date Voted/Deemed Denied _____ _____

Certificate Number _____ _____

Date Cert./Notice Sent _____ _____

Date