This Bulletin provides you with new and revised forms approved by the Commissioner of Revenue under G.L. Ch. 58 §3. These forms are for use in administering the temporary financial hardship deferral under G.L. Ch. 59 §5(18A). See Property Tax Bureau Informational Guideline Release No. 04-208, Temporary Financial Hardship Property Tax Deferral (April 2004).

Clause 18A Deferral Forms

We are issuing a new series of five state tax forms for assessors, collectors and treasurers to use for Clause 18A financial hardship deferrals. Three of the forms are new, and two are combination forms that may be used for both Clause 18A and 41A deferrals. The new forms are:

- **Deferral Application** (State Tax Form 99) – The application taxpayers file with the assessors in order to obtain the deferral is very similar to the application for a financial hardship exemption under Clause 18 and requests the same types of information.

- **Deferral Agreement** (State Tax Form 99-1) – The deferral agreement between the taxpayer and assessors is essentially the same as the agreement used for Clause 41A deferrals (State Tax Form 97-1), but includes a provision regarding the three year maximum deferral period under Clause 18A and the taxpayer's obligation to begin repaying two years after the deferral ends.
• **Deferral Certificate** (State Tax Form 99-3) – The deferral certificate is essentially the same as the certificate issued to taxpayers for Clause 41A deferrals (State Tax Form 97-3), but has been revised to reflect the different appeal procedure that applies to the Clause 18A deferral.

Two forms of the series have been combined with Clause 41A forms used for the same purpose. These forms, which are both recorded, have a check-off for the type of deferral. These instruments also reflect recently promulgated standards for notaries public about the form and content of acknowledgements they perform. The **combination** forms are:

• **Lien Statement** (State Tax Form 99-2) – The statement of entry into a deferral and recovery agreement recorded by the assessors is consolidated into a single form with State Tax Form 97-2 used for Clause 41A deferrals.

• **Lien Release** (State Tax Form 99-4) – The release of rights under a deferral and recovery agreement recorded by the treasurer is consolidated into a single form with State Tax Form 97-4 used for Clause 41A deferrals.

**Formats**

As usual, you may decide with your vendor the paper size and color, as well as the typeset and spacing, for the forms. In addition, you may make those adaptations in format needed to generate the forms by computer. The size and spacing shown in the attached return are a result of our technical limitations and are not intended to prevent you or your vendor from developing a hard copy or computerized format that better suits your needs. In developing your formats, the primary consideration should be ease of use by taxpayers and others. **The only limitation is that you must use the exact content shown in the attachment and present it in the same order.**

**Attachments**

The new and revised forms are attached. Also included is a chart that describes the revisions and explains where they were made on the forms.

If you have any questions, please contact the Property Tax Bureau legal staff at 617-626-2400.
<table>
<thead>
<tr>
<th>FORM NAME</th>
<th>NUMBER</th>
<th>PREPARER</th>
<th>RECIPIENT</th>
<th>LAST REVISED</th>
<th>REVISIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for Financial Hardship Property Tax Deferral</td>
<td>State Tax Form 99</td>
<td>Taxpayer</td>
<td>Assessors</td>
<td></td>
<td>New form</td>
</tr>
<tr>
<td>Tax Deferral and Recovery Agreement</td>
<td>State Tax Form 99-1</td>
<td>Taxpayer</td>
<td>Assessors</td>
<td></td>
<td>New form</td>
</tr>
</tbody>
</table>
| Statement of Entry into Tax Deferral Recovery Agreement | State Tax Form 97-2/99-2 | Assessors | Recorded  | 11/92        | • Creates single form for recording notice of assessors' entry into deferral agreements under G.L. Ch. 59 §5 Clauses 18A and 41A  
  • Acknowledgement revised to reflect standards for notaries public (Executive Order 455 (03-13)) |
| Property Tax Deferral Certificate            | State Tax Form 99-3 | Assessors | Taxpayer Collector |              | New form                                                                                                                                 |
| Renunciation of Rights under Statement of Entry into Tax Deferral and Recovery Agreement    | State Tax Form 97-4/99-4 | Treasurer | Recorded  | 8/94         | • Creates single form for treasurer's release of lien recorded to secure deferred taxes under G.L. Ch. 59 §5 Clauses 18A and 41A  
  • Acknowledgement revised to reflect standards for notaries public (Executive Order 455 (03-13)) |
FINANCIAL HARDSHIP
FISCAL YEAR ______ APPLICATION FOR PROPERTY TAX DEFERRAL

General Laws Chapter 59 §5, CLAUSE 18A

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 December 15 or 3 months after actual (not preliminary) tax bills are mailed for fiscal year if later. Tax Deferral and Recovery Agreement (Form 99-1) must accompany application unless already on file and persons with interest in property remain the same.

INSTRUCTIONS: Complete all sections that apply. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant: __________________________ Marital Status: __________________________
Social Security No. __________________________ (optional) Occupation __________________________
Legal residence (domicile) on July 1, __________ Mailing address (if different) ________________

No. Street __________________________ City/Town __________________________ Zip Code __________
Location of property: __________________________

Phone Number: __________________________ No. of dwelling units: 1 2 3 4 Other __________

Did you occupy the property on July 1, __________ and for the prior 10 years? Yes        No
If no, list the other properties you occupied during the past 10 years. __________________________

Address Dates __________________________ __________________________

Have you been granted any exemption/deferral in any other city or town for this year? Yes □ No □
If yes, name of city or town __________________________ Amount $ __________

DISPOSITION OF APPLICATION (ASSESSORS’ USE ONLY)

Ownership □ GRANTED □ Assessed tax $ __________________________
Occupancy □ DENIED □ Deferred tax $ __________________________
Status □ DEEMED DENIED □ Adjusted tax $ __________________________
Financial condition □ Board of Assessors __________________________
Date voted/Deemed denied __________________________
Certificate No. __________________________
Date Cert./Notice sent __________________________

Date: __________________________

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE
B. PERSONS WITH INTEREST IN PROPERTY.

Did you own the property on July 1, _______ as
  Sole owner ☐ Co-owner with spouse only ☐ Co-owner with others? ☐

Was there a mortgage on the property as of July 1, _______? ☐ Yes ☐ No
  If yes, name of mortgagee(s) ________________________________

Was the property subject to a life estate as of July 1, _______? ☐ Yes ☐ No
  If yes, name(s) of Remaindermen (person(s) receiving property after your death) ________________________________

Was the property subject to a trust as of July 1, _______? ☐ Yes ☐ No
  If yes, please attach trust instrument including all schedules.

C. REASON FOR HARDSHIP. Check the reason that applies and provide requested information.

☐ ACTIVATED MILITARY PERSONNEL
  ☐ Initially enlisted in the armed forces.
  ☐ Military status changed to active duty.
    Date of activation to active duty. ________________________________ Attach copy of orders.

☐ UNEMPLOYMENT
  Provide employment history over the last two years, including employer(s), dates, salaries, reasons for leaving.
    __________________________________________________________
    __________________________________________________________

☐ ILLNESS OR DISABILITY
  Provide a detailed description of the physical or mental illness, disability or impairment.
    __________________________________________________________
    __________________________________________________________
  Attach a physician’s letter documenting the illness or disability.

☐ OTHER
  Provide a detailed explanation.
    __________________________________________________________
    __________________________________________________________

D. FAMILY ASSISTANCE. Complete this section if you are receiving any financial assistance from family members.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Residence</th>
<th>Occupation</th>
<th>Wages</th>
<th>Assistance given</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E. FINANCIAL STATEMENT. Complete this section fully. Copies of your federal and state tax returns and other documentation may be requested to verify your income and assets.

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>LIABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>REAL ESTATE</td>
<td></td>
</tr>
<tr>
<td>Domicile value</td>
<td>$ __________</td>
</tr>
<tr>
<td>Other value</td>
<td>$ __________</td>
</tr>
<tr>
<td>PERSONAL ESTATE</td>
<td></td>
</tr>
<tr>
<td>Motor vehicle values (year/make/model)</td>
<td></td>
</tr>
<tr>
<td>Bank account balances (bank/address/acct. #)</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCOME</th>
<th>Monthly</th>
<th>EXPENSES</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages &amp; salaries -Annual</td>
<td>$ __________</td>
<td>Mortgage payments (including taxes)</td>
<td>$ __________</td>
</tr>
<tr>
<td>Unemployment compensation</td>
<td>$ __________</td>
<td>Food</td>
<td>$ __________</td>
</tr>
<tr>
<td>Social Security</td>
<td>$ __________</td>
<td>Utilities:</td>
<td></td>
</tr>
<tr>
<td>Other pension/retirement</td>
<td>$ __________</td>
<td>Electricity</td>
<td>$ __________</td>
</tr>
<tr>
<td>Public assistance:</td>
<td></td>
<td>Gas</td>
<td>$ __________</td>
</tr>
<tr>
<td>AFDC</td>
<td>$ __________</td>
<td>Heating fuel</td>
<td>$ __________</td>
</tr>
<tr>
<td>Food stamps</td>
<td>$ __________</td>
<td>Telephone</td>
<td>$ __________</td>
</tr>
<tr>
<td>Fuel assistance</td>
<td>$ __________</td>
<td>Water/sewer</td>
<td>$ __________</td>
</tr>
<tr>
<td>Other</td>
<td>$ __________</td>
<td>Debt payments:</td>
<td></td>
</tr>
<tr>
<td>Rental income</td>
<td>$ __________</td>
<td>Car loans</td>
<td>$ __________</td>
</tr>
<tr>
<td>Business/professional profits</td>
<td>$ __________</td>
<td>Credit cards</td>
<td>$ __________</td>
</tr>
<tr>
<td>Interest/dividends</td>
<td>$ __________</td>
<td>Personal loans</td>
<td>$ __________</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$ __________</td>
<td>Fixed expenses:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ __________</td>
<td>Car insurance</td>
<td>$ __________</td>
</tr>
<tr>
<td></td>
<td>$ __________</td>
<td>House insurance</td>
<td>$ __________</td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
<td>$ __________</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ __________</td>
<td>$ __________</td>
<td></td>
</tr>
</tbody>
</table>
F. 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.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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

TAXPAYER INFORMATION ABOUT FINANCIAL HARDSHIP PROPERTY TAX DEFERRAL

FINANCIAL HARDSHIP DEFERRAL.  You may be able to defer all or a portion of the taxes assessed on your domicile if you do not have the financial resources to pay them because of a change to active military service (not including initial enlistment), unemployment, illness or other type of temporary hardship.  Qualifications are established locally by the board of assessors.  More detailed information may be obtained from your assessors.

WHO MAY FILE AN APPLICATION.  You may file an application if you owned and occupied the property as of July 1, lived in Massachusetts for at least the previous 10 years and meet all qualifications for a financial hardship deferral.

REPAYMENT.  Unlike an exemption, a tax deferral simply allows you to postpone payment of your taxes.  If you qualify, you must enter into a tax deferral agreement that may cover a maximum period of three consecutive fiscal years.  At the end of the deferral, the deferred taxes must be paid, along with interest.  You may pay the deferred taxes in five annual installments, with each installment equal to one-fifth of the total deferred taxes, plus interest on the unpaid balance.  The first installment is due two years after the last year of the deferral.

Once you have entered into a tax deferral agreement, the assessors will record a statement at the Registry of Deeds.  That statement continues the lien that already exists on your property by law to ensure the payment and collection of your taxes.  Once the deferred taxes are repaid, the lien is released.  However, if the deferred taxes are not paid, your city or town will be able to recover the amount by foreclosing on the lien in Land Court.

INTEREST.  You may also apply for a hardship deferral in either or both of the next two years.  If you qualify, you may defer taxes so long as the amount due, including accrued interest, does not exceed 50% of your share of the full and fair cash value of the property.  Interest at an annual rate of 8% per annum is charged on deferred taxes until the property is sold, your death, or the death of your surviving spouse if a new agreement has been entered into.  The interest rate then increases to 16% per annum until the deferred taxes are paid.

WHEN AND WHERE APPLICATION MUST BE FILED.  Your application must be filed with the board of assessors by December 15 or 3 months after the actual bills were mailed for the fiscal year, whichever is later.  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 A DEFERRAL AND THE ASSESSORS CANNOT BY LAW GRANT YOU ONE.  AN APPLICATION IS FILED WHEN RECEIVED BY THE ASSESSORS.

PAYMENT OF TAX.  Filing an application does not stay the collection of your taxes.  Failure to pay the tax when due may also subject you to interest charges and collection action.  To avoid any additional charges, you should pay the tax as assessed if possible.  If a deferral is granted and you have already paid the entire year’s tax as deferred, you will receive a refund of any overpayment.  If you are unable to make your payments, inform the assessors when you file your application.

ASSESSORS DISPOSITION.  Upon applying for a financial hardship deferral, 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 a deferral has been granted or denied.

APPEAL.  In order to obtain a review of the assessors’ decision on your application for a financial hardship deferral, you must bring a civil action in the Superior Court or Supreme Judicial Court.  This action must be brought within 60 days of the decision.
This Agreement is made and entered into this ______________ day of ____________________________, ________ by and between the Board of Assessors (the “Assessors”) of the City/Town of __________________________________________ acting on behalf of the city/town and __________________________________________ (the “Owner”).

WITNESSETH

WHEREAS, General Laws Chapter 59, Section 5, Clause 18A allows qualifying property owners to defer payment of local property taxes if they enter into a tax deferral and recovery agreement with the Board of Assessors acting on behalf of the city or town; and

WHEREAS, the Owner seeks to defer payment of local property taxes on the real property described below beginning in fiscal year ______________:  

DESCRIPTION OF PROPERTY

(The description must be sufficiently accurate to identify the property. In the case of registered land, the certificate of the title number and the registry volume and page must be given.)

NOW THEREFORE, in consideration of the granting of a property tax deferral by the Assessors, the Assessors and the Owner agree as follows:

1. The Owner may also apply for a deferral in either or both of the next two fiscal years and if qualified, may defer taxes for those years so long as the total amount of deferred taxes, plus interest, is not more than fifty percent of the Owner’s proportionate share of the full and fair cash value of the property.

2. The Owner must pay the deferred taxes, plus interest, at the end of the deferral. Payment may be made in five annual installments, with each installment equal to one-fifth of the total deferred taxes, plus interest on the unpaid balance. The first installment is due two years after the last year of the deferral.

3. The Owner will not sell or transfer the property described above unless all taxes deferred under General Laws Chapter 59, Section 5, Clause 18A have been paid together with interest at the rate set forth in that statute.

4. Upon the Owner’s death, the heirs-at-law, assignees or devisees will have first priority to the property by paying in full the total amount of deferred taxes, plus interest, unless the heir-at-law, assignee or devisee is a surviving spouse who qualifies for a deferral and enters into a new tax deferral and recovery agreement under General Laws Chapter 59, Section 5, Clause 18A. If so, the deferred taxes and interest due will be added to any additional taxes that are deferred under the new agreement signed by the surviving spouse. The total amount of deferred taxes, plus interest, subject to the fifty percent limitation in Paragraph 1 will include all taxes deferred, plus interest, under both this agreement and the new agreement signed by the surviving spouse.

5. The Assessors will record a statement at the Registry of Deeds making the deferred taxes, plus interest, a lien on the property. The amount of the recording fee, if any, will be added to and become part of the deferred taxes. If the deferred taxes, plus interest, are not paid as provided in this agreement, the interest rate set forth in General Laws Chapter 60, Section 62 will apply from the date the property was sold or the Owner died, whichever is applicable, and recovery of the amount owed will be enforced as provided by law.

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE
6. Every other person with any legal interest in the property has given written approval for this agreement. That approval is attached as Schedule A, which is made a part of this agreement.

IN WITNESS WHEREOF, the Owner and Assessors have signed this agreement on the date first written above.

Witness

_________________________________________  Owner
_________________________________________  Owner
_________________________________________  Owner

_________________________________________  Board of Assessors of

_________________________________________

_________________________________________

_________________________________________

_________________________________________

_________________________________________

_________________________________________

SCHEDULE A APPROVAL

_________________________________________  Date

The following persons having a legal interest in the property described above hereby approve the execution of this tax deferral and recovery agreement.

Witness

_________________________________________

_________________________________________

_________________________________________

_________________________________________

The Commonwealth of Massachusetts

_________________________________________  ss.

On this _____ day of ______________, _______, before me, the undersigned notary public, personally appeared
_________________________________________, (Owners) ______________________________________ (Approvers),
and ______________________________________ as Board of Assessors for the city/town of
_________________________________________, proved to me through satisfactory evidence of identification, which were
_________________________________________, to be the persons whose names are signed on the preceding document in my
presence, and acknowledged to me that they signed it voluntarily for its stated purpose.

_________________________________________  Notary Public

My commission expires ________________________________
THE COMMONWEALTH OF MASSACHUSETTS

Name of city or town
Office of the Board of Assessors

Statement of Entry into Tax Deferral and Recovery Agreement

The Board of Assessors in the city/town of ___________________________ hereby states that on the __________ day of __________________, __________, it entered into a Tax Deferral and Recovery Agreement with ____________________________ owners of the real property described below to defer taxes on that property beginning in fiscal year ________.

DESCRIPTION OF PROPERTY

(The description must be sufficiently accurate to identify the property. In the case of registered land, the certificate of the title number and the registry volume and page must be given.)

This statement made on the ____________ day of __________________, __________ constitutes a lien upon the property covered by that agreement as provided in General Laws Chapter 59, Section 5, Clause 18A 41A.

__________________________________________
Board of Assessors

The Commonwealth of Massachusetts

ss.

On this _____ day of ______________, __________, before me, the undersigned notary public, personally appeared ____________________________, as Board of Assessors for the city/town of ____________________________, proved to me through satisfactory evidence of identification, which were ____________________________, to be the persons whose names are signed on the preceding document in my presence, and acknowledged to me that they signed it voluntarily for its stated purpose.

__________________________________________
Notary Public

My commission expires ____________________________

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE
THE COMMONWEALTH OF MASSACHUSETTS

________________________________________________________________________
Name of City or Town

Office of the Board of Assessors

________________________________________________________________________

Date

PROPERTY TAX DEFERRAL CERTIFICATE

FISCAL YEAR ________

The Board of Assessors voted on ____________________________, __________ to allow a deferral under General Laws Chapter 59, Section 5, Clause 18A:

ON:

Location of property

Street and number

Property Identification

TO:

Applicant

(Assessed owner if different)

Social Security No.

BOARD OF ASSESSORS

Tax Deferred $ _____________________________

Total Deferral * $ _____________________________

* Total deferred is the amount, with interest, that must be paid at end of the deferral. The total amount of deferred taxes, with interest, cannot be more than 50% of the owner’s proportionate share of the full and fair cash value of the property.

See Reverse Side for Important Information

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE
Your application for a deferral has been allowed under the provisions of Chapter 59 of the General Laws.

**APPEALS:** In order to obtain a review of the amount allowed, you must bring a civil action in the Superior Court or Supreme Judicial Court. This action must be brought within 60 days of the assessors' decision.

**REFUNDS:** The amount allowed will reduce any taxes outstanding on the property for the fiscal year. If you have already paid the entire year’s tax, as reduced by the deferral, at the time the collector applies the deferral, you will receive a refund of any overpayment.
THE COMMONWEALTH OF MASSACHUSETTS

Name of city or town

Office of the Treasurer

Renunciation of Rights under
Statement of Entry into Tax Deferral and Recovery Agreement

All rights upon the real property described below under a statement filed for record/registration on__________, , with the _____________ Registry of Deeds, Book________ Page ______, Document No____________, Certificate of Title No. _____________ are hereby renounced.

That statement was filed to continue, until payment, the lien on the property for taxes deferred, plus interest, under a tax deferral and recovery agreement entered into pursuant to General Laws Chapter 59, Section 5, Clause □ 18A □ 41A for the fiscal year(s) _________ to __________ on ___________________________________________________________.

Name of person(s) assessed

DESCRIPTION OF PROPERTY

(The description must be sufficiently accurate to identify the property. In the case of Registered land, the certificate of the title number and the registry volume and page must be given.)

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

Treasurer

The Commonwealth of Massachusetts

_____________________________________________________

ss.

Date

On this _____ day of _____________, _____, before me, the undersigned notary public, personally appeared ______________________________________, as Treasurer for the city/town of ______________________________________, proved to me through satisfactory evidence of identification, which were ______________________________________, to be the person whose name is signed on the preceding document in my presence, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

_____________________________________________________

Notary Public

My commission expires ______________________________________

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE