

Assessors' Use only	
Date Received	
Application No.	
Parcel Id.	

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

**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 April 1, 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 _____	Occupation _____
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 occupy the property on July 1, _____ and for the prior 10 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If no, list the other properties you occupied during the past 10 years.</i>	
Address _____	Dates _____
_____	_____
_____	_____
<i>Continue list on attachment in same format as necessary.</i>	
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"/>	
<i>If yes, name of city or town _____</i>	<i>Amount exempted \$ _____</i>

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

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed tax \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Deferred tax \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted tax \$ _____
Financial condition <input type="checkbox"/>		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.

Name	Relationship	Residence	Occupation	Wages	Assistance given
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Continue list on attachment in same format as necessary.

**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.

<b>ASSETS</b>		<b>LIABILITIES</b>	
<b>REAL ESTATE</b>			
Domicile value	\$ _____	Mortgage outstanding balance	\$ _____
Other value	_____		_____
<b>PERSONAL ESTATE</b>			
Motor vehicle values (year/make/model)	_____	Car loan balances	_____
	_____		_____
Bank account balances (Bank name & address)	_____		_____
	_____		_____
Other (specify)	_____	Other outstanding debts (personal loans, credit cards, etc.)	_____
	_____		_____
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>
<b>INCOME</b>		<b>EXPENSES</b>	
	Monthly		Monthly
Wages & salaries -Annual \$ _____	\$ _____	Mortgage payments (including taxes) .....	\$ _____
Unemployment compensation .....	_____	Food .....	_____
Social Security .....	_____	Utilities:	_____
Other pension/retirement .....	_____	Electricity .....	_____
Public assistance:	_____	Gas .....	_____
AFDC .....	_____	Heating fuel .....	_____
Food stamps .....	_____	Telephone .....	_____
Fuel assistance .....	_____	Water/sewer .....	_____
Other .....	_____	Debt payments:	_____
Rental income .....	_____	Car loans .....	_____
Business/professional profits .....	_____	Credit cards .....	_____
Interest/dividends .....	_____	Personal loans .....	_____
Other (specify)	_____	Fixed expenses:	_____
_____	_____	Car insurance .....	_____
_____	_____	House insurance .....	_____
	_____	Other (specify)	_____
	_____	_____	_____
	_____	_____	_____
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>

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**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.

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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 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 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 assessors on or before April 1, 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.

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