

FY 2026 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 2, 2025

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, 2024? 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, 2024? 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, 2025

- PROOF OF AGE: OWNER ____ CO-OWNER(S) _____
- COPY OF 2024 FEDERAL AND STATE TAX RETURNS ____
- 2024 SCHEDULE CB (Circuit Breaker) _____
- TRUST DOCUMENTATION (if applicable) _____
- VERIFICATION OF ASSETS _____
- SIGNED APPLICATION _____
- FILED BY SEPTEMBER 1, 2025 _____

D. ASSETS/VALUE OF PROPERTY OWNED

REAL ESTATE

ASSESSED VALUE FY 2025

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