



# Personal Exemption Application for

## Elderly, Surviving Spouse or Minor, Veteran, Blind

### Fiscal Year 2025 (July 1, 2024 - June 30, 2025)

City of Boston Assessing Department (M. G. L. Ch. 59, § 5)

**FILING DEADLINE: April 1, 2025**

**PARCEL ID (required):** 0902908000  
**Current Owner:** P25 PHASE 2 LLC  
**Property Address:** GURNEY ST, ROXBURY CROSSING 02120  
**Property Class:** A

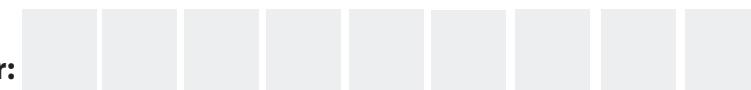
**INSTRUCTIONS:** Complete fully any section that applies to the exemption you are applying for. If you qualify for more than one exemption, you will receive the exemption that provides the greatest benefit.

## Identification & Eligibility.

Complete this section fully.

1. Name of Applicant: \_\_\_\_\_
2. Address of property upon which exemption is claimed: GURNEY ST, ROXBURY CROSSING 02120
3. Indicate number of dwelling units:  1  2  3  4      Other: \_\_\_\_\_
4. Phone #: \_\_\_\_\_      E-Mail Address: \_\_\_\_\_

### 5. Social Security Number:



NOTE: Your Social Security Number is required for identification purposes and will be kept confidential. It will be used solely to confirm a 2023 personal income tax filing from this address with the Commonwealth of Massachusetts Department of Revenue. No exemption will be allowed if this number is not provided.

6. Did you own and occupy the property as your principal residence on July 1, 2024?  YES  NO  
 If YES, were you:  Sole Owner  Co-Owner with Spouse only  Co-Owner with others
7. Was the property subject to a trust as of July 1, 2024?  
 If YES, **please submit a copy of the trust and a notarized copy of your Schedule of Beneficiaries.**
8. Have you been granted any exemption in any other city or town (MA or other) for this year?  YES  NO

If YES, name of city or town: \_\_\_\_\_ Amount Exempted: \_\_\_\_\_

## Exemption Options.

Indicate  the exemption(s) for which you are applying. Complete FULLY the sections that correspond to the exemption(s) for which you are applying.

<u>Exemption</u>	<u>Complete This Section</u>	<u>Page</u>
<input type="checkbox"/> Blind 37A	A	2
<input type="checkbox"/> Veteran 22, 22A - 22E	B	2
<input type="checkbox"/> Surviving Spouse or Minor Child of Deceased Parent, Elderly 17D (70 years or older)	C	3
<input type="checkbox"/> Elderly 41C (65 years or older)	D	4



WARD & PARCEL: 0902908000

## Exemption Status/Information Requisition Sections

### A. Blind 37A

1. As of July 1, 2024, were you legally blind?  YES  NO
2. Are you at present registered with the Massachusetts Commission for the Blind?  YES  NO  
If yes, provide the Certificate Number: \_\_\_\_\_ *(Attach copy of Certificate)*  
Date Registered (m/dd/yy): \_\_\_\_\_  
If NO, attach a letter from your physician indicating status as of July 1, 2024.

**SIGNATURE:** Proceed to Section E, page 4 and SIGN this application. Send it to the address indicated.

### B. Veteran 22, 22A - 22E

1. (X) CHECK classification under which you claim exemption.

#### Exemption 22

- ( ) Veteran with certificate from the Veteran's Administration showing at least 10% disability from any branch of the armed forces.
- ( ) Philippine and Chinese Expeditions with discharge "other than dishonorable."
- ( ) Veteran having Purple Heart.
- ( ) Spouse of soldier or sailor entitled to exemption under this clause and surviving spouse, who has not remarried, or soldier and sailor described in this clause and clauses 22A, 22B and 22C who is eligible at the time of death or who died as a result of service.
- ( ) Parent of soldier or sailor who died in service, including natural parent, adopting parent or one who stood in loco parentis.

#### **Veterans Exemption Qualifications**

Veterans must have been in service and injury or death must have occurred within the dates below:

##### **World War II:**

September 16, 1940 - December 31, 1946

##### **Korean War:**

June 25, 1950 - January 31, 1955

##### **Vietnam War:**

February 1, 1995 - May 7, 1975

##### **Persian Gulf War:**

February 19, 1990 - Present

#### Exemption 22A

- ( ) Veteran who lost or suffered permanent loss of use of one foot at or above the ankle, or one hand at or above the wrist or has lost sight of one eye.
- ( ) Congressional Medal of Honor ( ) Air Force Cross ( ) Distinguished Service Cross ( ) Navy Cross

#### Exemption 22B

- ( ) Veteran who lost or suffered permanent loss of use of both feet at or above the ankle, or both hands at or above the wrist or of one hand and one foot, or lost the sight of both eyes.

#### Exemption 22C

- ( ) Veteran entitled to specially adapted housing.

#### Exemption 22D

- ( ) Surviving spouse (who did not remarry) of a soldier, sailor, or guardsman who died due to injury or disease from being in a combat zone or are missing and presumed dead due to combat.

#### Exemption 22E

- ( ) Veteran with yearly certificate from Veterans Administration indicating 100% disability.
- ( ) Surviving spouse of 100% Veteran with yearly certificate.

#### Exemption Paraplegics

- ( ) Paraplegic (paralysis of lower body on both sides).
- ( ) Surviving spouse of paraplegic entitled to total exemption.

2. Date of Birth (m/dd/yy): \_\_\_\_\_
3. Did you live in Massachusetts six months prior to entering the service?  YES  NO
4. Have you been a Massachusetts resident for one year prior to filing this application?  YES  NO
5. Date entered service (m/dd/yy): \_\_\_\_\_ Branch of service: \_\_\_\_\_  
Date of Discharge (m/dd/yy): \_\_\_\_\_
6. Disability Rating: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Please attach copy of discharge papers and Veterans Administration disability letter.

**SIGNATURE:** Proceed to Section E, page 4 and SIGN this application. Send it to the address indicated.



## C. Surviving Spouse or Minor Child of Deceased Parent, Elderly (70 years or older) 17D

1. Date of Birth (m/dd/yy): \_\_\_\_\_
2. Marital Status: \_\_\_\_\_
3. Have you owned and occupied the property as your principal residence for more than five years prior to this application?  YES  NO
4. Indicate  Status: Check all that apply and answer all questions in the section(s) you are applying for.

Surviving Spouse Name of Spouse: \_\_\_\_\_

Date of Spouse's death (mm/dd/yy): \_\_\_\_\_

(Attach copy of death certificate (must be deceased by 7/1/23)

Have you remarried?  YES  NO

If YES, date of remarriage (m/dd/yy): \_\_\_\_\_

Minor Child of Name of deceased parent: \_\_\_\_\_  
Deceased Parent Date of parent's death (mm/dd/yy): \_\_\_\_\_

Elderly (70 years or older)

- 5 As of July 1, 2024, did you own OTHER real estate?  YES  NO

If YES, please answer a., b., and c. below:

- a. Indicate total assessed value of that other property or properties. a. \$ \_\_\_\_\_
- b. Indicate outstanding mortgage as of July 1, 2024. b. \$ \_\_\_\_\_
- c. Check applicable box:

Sole Owner  Co-Owner with Spouse only  Co-Owner with others

- 6 List all non-real estate assets as of July 1, 2024. (You must list figures to qualify)

- a. Amount in Bank Accounts (Savings, Checking, Certificates of Deposit) a. \$ \_\_\_\_\_
- b. Value of Stocks, Bonds Securities b. \$ \_\_\_\_\_
- c. Value of Motor Vehicles c. \$ \_\_\_\_\_

**TOTAL:** \$0

*NOTE: By requesting consideration for exemption, I hereby authorize the City of Boston Assessing Department to make any and all inquiries to any party regarding any bank account, whether held in my name individually as trustee or agent, or against which I have the power to draw, whether or not my name appears.*

**SIGNATURE: Proceed to Section E, page 4 and SIGN this application. Send it to the address indicated.**

**D. Elderly 41C (65 years or older)**

1. Date of Birth(m/dd/yy): \_\_\_\_\_ Marital Status: \_\_\_\_\_

2. As of July 1, 2024, were you 65 years or older?  YES  NO

3. Have you owned and occupied any property in Massachusetts for the last 5 years?  YES  NO

4. Have you resided in Massachusetts for the past 10 years?  YES  NO

5. As of July 1, 2024, did you own OTHER real estate?  YES  NO

If YES, a. Indicate total assessed value of that other property or properties. a. \$ \_\_\_\_\_  
b. Indicate outstanding mortgage as of July 1, 2024. b. \$ \_\_\_\_\_

6. List all non-real estate assets as of July 1, 2024.  
*Include the value of your qualified retirement accounts and annuities.*

a. Amount in Bank Accounts (Savings, Checking, Certificates of Deposit) a. \$ \_\_\_\_\_  
b. Value of Stocks, Bonds and Securities b. \$ \_\_\_\_\_

7. Indicate GROSS INCOME from all sources from July 1, 2023 - June 30, 2024  
*Copies of Federal & State Tax Returns may be required for substantiation.*

Sources of Income	Applicant & Spouse	Co-Owner(s) & Spouse
a. Social Security, Railroad Retirement Benefits, Employee Pension or Retirement Allowance from U. S., Massachusetts or city or town of Massachusetts <i>(Assessors will determine applicable exclusion)</i>	a. \$ _____	a. \$ _____
b. Other pensions, retirement allowances and annuities	b. \$ _____	b. \$ _____
c. Wages, salaries, tips, other compensation and net profit from business or profession	c. \$ _____	c. \$ _____
d. Interest and dividends	d. \$ _____	d. \$ _____
e. Gains from sale or exchange of real estate	e. \$ _____	e. \$ _____
f. Gains from sale or exchange of other property	f. \$ _____	f. \$ _____
g. Rent and royalty income	g. \$ _____	g. \$ _____
h. Receipts from other sources	h. \$ _____	h. \$ _____
<b>(You must list figures to qualify)</b>	<b>Total Gross Receipts \$ 0</b>	<b>\$ 0</b>

*NOTE: By consideration for participation, I hereby authorize the City of Boston Assessing Department to make any and all inquiries to any party regarding: 1) any income attributable to me in whatever form including, but not limited to, retirement and/or pension benefits from both public and private sources, and 2) any bank account, whether held in my name individually, as trustee or agent, or against which I have the power to draw, whether or not my name appears.*

**SIGNATURE: Proceed to Section E below and SIGN this application. Send it to the address indicated.**

**E. Signature**

I have read this form, I certify under pains and penalties of perjury, that the information is true, correct and complete.

(Print) Applicant First Name: \_\_\_\_\_ Applicant Last Name: \_\_\_\_\_

(Sign) Applicant Signature: \_\_\_\_\_

If signed by agent, attached copy of written authorization on behalf of taxpayer.

If you have any questions, please contact the Taxpayer Referral & Assistance Center (TRAC)

at (617) 635-4287 or email [assessing@boston.gov](mailto:assessing@boston.gov)

**MAIL THIS APPLICATION TO:**

**Assessing Department, 1 City Hall Square Room 301, Boston MA 02201-2011**