

RETURN TO:  
NEWTON CITY HALL  
ASSESSING OFFICE  
1000 COMMONWEALTH AVE  
NEWTON CENTRE, MA 02459

THE COMMONWEALTH OF MASSACHUSETTS  
**City of Newton**  
**Fiscal Year 2025**

Assessor Use Only  
MGL Ch 59 § 5 Clause 37A  
Date Received:

**BLIND**  
**APPLICATION FOR STATUTORY EXEMPTION**

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO  
PUBLIC INSPECTION  
(See General Laws Chapter 59, Section 60.)

Must be filed with the Board of Assessors on or  
before April 1, 2025

A. IDENTIFICATION. Complete this section fully. Please Print or Type.

Name of Applicant \_\_\_\_\_

Marital Status \_\_\_\_\_ Tel No. \_\_\_\_\_

Legal Residence (Domicile) on July 1, 2024? \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Parcel ID \_\_\_\_\_ No. of Dwelling Units:  1  2  3  4 Other \_\_\_\_\_

Did you own the property July 1, 2024? \_\_\_\_\_

If yes, were you \_\_\_\_\_ Sole Owner \_\_\_\_\_ Co-Owner with spouse only \_\_\_\_\_ Co-Owner with others

Was the property subject to a Trust as of July 1, 2024? \_\_\_\_\_ (If yes, and first year of application, or first year subject to Trust, attach Trust Instrument and Schedule of Beneficiaries.)

If yes, has the Trust changed since July 1, 2023? \_\_\_\_\_ (If yes, attach new Trust Instrument and Schedule of Beneficiaries.)

Have you been granted an exemption in any other city or town this year? \_\_\_\_\_

If yes, name of City or Town \_\_\_\_\_ Amount Exempted \$ \_\_\_\_\_

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)		
_____ Ownership	_____ GRANTED	Assessed Tax _____
_____ Occupancy	_____ DENIED	Exempted Tax _____
_____ Status	_____ DEEMED DENIED	Adjusted Tax _____
_____ Eligibility	Date Granted/Denied _____	_____
	Certificate No. _____	_____
	Date Cert/Notice Sent _____	_____
Board of Assessors		

B. EXEMPTION STATUS – Please complete the box.

<p>Were you legally blind as of July 1, 2024? _____</p> <p><b><u>Please provide your current Certificate from the Massachusetts Commission for the Blind dated calendar year 2024.</u></b></p> <p>Are you registered with the Massachusetts Commission for the Blind? _____</p> <p>Certificate Number from calendar year 2024 _____</p> <p>Date Registered _____</p> <p><b><u>Please provide your current Certificate from the Massachusetts Commission for the Blind dated calendar year 2024.</u></b></p>
---

C. SIGNATURE

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

\_\_\_\_\_  
Signature Date

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