State Tax Form 99 Issued 11/2016	The Commonwealth	of Massachuset	ts	Assessors' Use only Date Received
_	Name of City	or Town		Application No. Parcel Id.
				Turcer ra.
FISC	CAL YEAR APPLIC General Laws C THIS APPLICATION IS	hapter 59, § 5, C	ROPE LAU BLIC II	SE 18A
	\neg			Return to: Board of Assessors
		months fiscal y (Form 9	s after ear if l 99-1) n	with assessors on or before April 1, or 3 actual (not preliminary) tax bills are mailed for ater. Tax Deferral and Recovery Agreement must accompany application unless already on file with interest in property remain the same.
INSTRUCTIONS: Complet	te all sections that apply. Pl	ease print or typ	e.	
A. IDENTIFICATION. Con	nplete this section fully.			
Name of Applicant			Эссир	oation
Telephone Number Legal Residence (Domicile				ng Address (If different)
	City/Town on July 1, and for the parties you occupied during the p	the prior 10 years		Dwelling Units: 1 2 3 4 Other—— Yes No
	Address			Dates
	ame format as necessary. ny exemption in any other ci			her) for this year? Yes No not exempted \$
	DISPOSITION OF APPL	ICATION (ASS)	ESSOI	RS' USE ONLY)
Ownership	GRANTED	Assessed tax	\$	
Occupancy	DENIED	Deferred tax	\$	
Status	DEEMED DENIED	Adjusted tax	\$	
Financial condition		,	•	Board of Assessors
Date voted/Deemed denied	f			
Certificate No.				
Date Cert / Notice sent				

Date:

	perty on July 1,	as			
		o-owner with spouse	only Co-own	er with others?	
Vas there a mortgag	ge on the property a	s of July 1,	_?		
		•			
Vas the property su	bject to a life estate	as of July 1,	_?		
If yes, name(s) of	Remaindermen (perso	on(s)receiving property	after your death) ——		
Vas the property su	bject to a trust as of	July 1,?			
If yes, please attac	ch trust instrument ir	ncluding all schedules.			
REASON FOR H	ARDSHIP. Check t	he reason that applies	and provide requeste	d information.	
ACTIVATED MIL	ITARY PERSONNE	:L			
Initially enlist	ed in the armed for	ces.			
Military statu	s changed to active	duty.			
Date of activation	n to active duty		Attach co	py of orders.	
ILLNESS OR DIS		physical or mental illı	ness, disability or imp	airment.	
Attach a physician' OTHER Provide a detailed		the illness or disability.			
OTHER Provide a detailed	l explanation.		ogojving ony fire as i 1	againtan ag fuar	fo mily months
OTHER Provide a detailed	d explanation. ANCE. Complete the	nis section if you are r	eceiving any financial		
OTHER Provide a detailed	l explanation.		eceiving any financial Occupation	assistance from Wages	family members. Assistance give
OTHER Provide a detailed	d explanation. ANCE. Complete the	nis section if you are r			

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.

ASSETS			LIABILITIES			
REAL ESTATE						
Domicile value	\$		Mortgage outstanding balance	\$		
Other value			_			
PERSONAL ESTATE			•			
Motor vehicle values (year/make/model)						
	_		Car loan balances			
	_		_			
Bank account balances (Bank name & addres	s)					
			_			
			_			
			-			
Other (specify)			Other outstanding debts (personal loans, credit			
			cards, etc.)			
	_			·		
TOTAL	- \$		TOTAL	\$		
	_		-			
INCOME		Monthly	EXPENSES	Monthly		
Wages & salaries -Annual \$	\$		Mortgage payments (including taxes)	\$		
Unemployment compensation	·		Food			
Social Security			Utilities:			
Other pension/retirement			Electricity			
Public assistance:			Gas			
AFDC	. <u> </u>		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)			
TOTAL	\$		TOTAL	\$		

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.

Signature Date

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 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.