



## TAXPAYER'S GUIDE TO LOCAL PROPERTY TAX EXEMPTIONS

### FINANCIAL HARDSHIP Clause 18

The Board of Assessors has created this fact sheet to provide general information about local property tax exemptions. **It is not designed to address all questions or issues and does not change any provision of the Massachusetts General Laws.**

Property taxes are assessed and collected by cities and towns. Under state law, only your Board of Assessors, as the local tax administrator, can decide whether you qualify for an exemption. The Appellate Tax Board has no jurisdiction to hear an appeal of a denial by the Board of Assessors to grant a hardship exemption. The only remedy available to an applicant aggrieved by a denial is to seek a review by the supreme judicial or superior court.

#### INTRODUCTION

Cities and towns may give property tax exemptions to some individuals as defined by state law. An exemption discharges a taxpayer from the legal obligation to pay all or a part of the tax assessed for the fiscal year. Exemptions are found in various clauses of Massachusetts General Laws Chapter 59, Section 5 (M.G.L. c. 59, § 5).

Chapter 59, Section 5 Clause 18 of the Massachusetts General Laws sanctions an exemption from real estate taxes for persons who do not have the financial means to pay their taxes because (1) they were called into active military service, or (2) are older and have a physical or mental illness, disability or impairment, may receive a partial or full exemption at the discretion of the Board of Assessors.

**Please note that for non-activated military applicants, the applicant must be older, infirmed and have a financial hardship in order to be eligible for this exemption. It is not enough for an applicant to meet one or two if these criteria. All three must be fulfilled in order for a hardship exemption to be granted.** The Board of Assessors has the discretion to establish specific criteria for determining whether a taxpayer meets the statutory standard of financial hardship under Clause 18. The Board has establish appropriate policies and criteria to ensure that they treat similarly situated taxpayers fairly and equitable, while maintaining some flexibility to address unique situations.

<b>ELIGIBILITY REQUIREMENTS</b>	<ol style="list-style-type: none"><li>1. Activated Military Personnel<ol style="list-style-type: none"><li>a. Military status changed to active duty</li><li>b. An applicant must have a financial hardship</li></ol></li><li><b>OR</b></li><li>2. Older and Infirmed<ol style="list-style-type: none"><li>a. An applicant must be at least 65 years of age to qualify; however, in some circumstances a younger person might be eligible.</li><li>b. An applicant must have some degree of mental or physical illness, disability or impairment.</li><li>c. An applicant must have a financial hardship.</li></ol></li></ol>
---------------------------------	---

<b>DOCUMENTATION</b>	<p>An applicant must provide the Board of Assessors with whatever information is reasonably required to establish your eligibility. This information may include, but is not limited to:</p> <ol style="list-style-type: none"> <li>1. Activated Military Personnel <ol style="list-style-type: none"> <li>a. Orders from Commanding Officer</li> <li>b. All Financial Information and Liabilities &amp; Expenses, listed below</li> </ol> </li> </ol> <p><b>OR</b></p> <ol style="list-style-type: none"> <li>2. Older and Infirm <ol style="list-style-type: none"> <li>a. Proof of age; birth certificate</li> <li>b. Documentation which discloses the nature and history of illness or impairment.</li> <li>c. All Financial Information and Liabilities &amp; Expenses, listed below</li> </ol> </li> </ol> <p><b>All available &amp; relevant financial information (Income &amp; Assets)</b></p> <ul style="list-style-type: none"> <li>• Income tax returns</li> <li>• Saving and Checking account statements</li> <li>• Statements of investment accounts (stocks, bonds, IRA)</li> <li>• Records of public assistance</li> </ul> <p><b>Liabilities &amp; Expenses</b></p> <ul style="list-style-type: none"> <li>• Mortgage statements</li> <li>• Loan statements</li> <li>• Credit card statements</li> <li>• Utility bills</li> <li>• Insurance (Car, House, Medical) bills</li> <li>• Other medical expenses</li> </ul>
<b>OWNERSHIP AND DOMICILE</b>	<p>You must own and occupy the property as your domicile. Your domicile is where your principal and legal home is located, your family, social, civic and economic life is centered and you plan to return whenever you are away. If you hold a life estate in the domicile, you are the owner. If your domicile is held in a trust, you are the owner only if:</p> <ol style="list-style-type: none"> <li>a) You are a trustee or co-trustee of that trust, <b>and</b></li> <li>b) You have a sufficient beneficial interest in the domicile.</li> </ol> <p>If the applicant owns the subject property jointly with some other person or persons, all joint owners must independently qualify in order for the applicant to be eligible for this exemption.</p>

<b>APPEALS</b>	
<b>Appeal of Action of Assessors</b>	<p>An applicant who disagrees with the Board of Assessors decision for Clause 18 financial hardship exemption may seek a review by the Superior Court of Supreme Judicial Court within 60 days of the Board's decision. The Appellate Tax Board has no jurisdiction to hear an appeal of a denial by the Board of Assessors to grant a financial hardship exemption.</p>

In addition to obtaining documentation which assists in disclosing the financial circumstances of an applicant, the Board of Assessors will consider other factors which relate to the applicant's financial situation. These factors may include but are not limited to:

- Marital status
- Whether or not the applicant has children.
- Ages of applicant's children and whether or not the applicant receives money for their support.
- Whether or not the applicant is able to work.
- Whether or not the applicant is employed.
- Length of time during which the applicant has been unemployed.
- Work qualifications of applicant
- Public assistance received by applicant

**For more information, including exemption applications, please contact the Assessors' Office.**  
**arlingtonma.gov/assessors <mailto:assessors@town.arlington.ma.us> (781) 316-3050**



ARLINGTON  
MASSACHUSETTS

OFFICE OF THE BOARD OF ASSESSORS  
Robbins Memorial Town Hall  
730 Massachusetts Ave. Arlington, MA 02476  
P: 781.316.3050 email: [assessors@town.arlington.ma.us](mailto:assessors@town.arlington.ma.us)  
[www.arlingtonma.gov](http://www.arlingtonma.gov)

## Financial Hardship Clause 18

### Qualifications

- Applicant must own and occupy home as their domicile as of July 1, 2024.
- Properties held in Trust; applicant must be a trustee **and** have a beneficial interest.

There are two qualifying categories:

1. Activated Military Personnel
  - a. Military status changed to active duty.
  - b. Applicant must have a financial hardship.

**OR**

2. Older and Infirm
  - a. Applicant must be at least 65 years of age to qualify; however, in some circumstances a younger person may be eligible.
  - b. Applicant must have some degree of mental to physical illness, disability, or impairment.
  - c. Applicant must have a financial hardship.

### Instructions

- Please complete this application with the same accuracy as you would your income tax return.
- The 2025 application filing deadline is **APRIL 1, 2025**. This deadline cannot be extended or waived by the Board of Assessors for any reason. **It is best to apply as early as possible.**

If applying as Activated Military Personnel:

- Orders from Commanding Officer.
- All Financial Information, Liabilities & Expenses listed below.

If applying as Older and Infirm:

- A copy of a driver's license, birth certificate, or passport for proof of age.
- Documentation which discloses nature and history of illness, disability or impairment.
- All Financial Information, Liabilities & Expenses listed below.

All Applicants please provide:

- Provide a copy of your 2023 Federal Income Tax Return<sup>1</sup> and supporting schedules.
- Provide statements of any additional income not reported on Federal Income Tax Return, such as SSDI, food stamps, fuel assistance, VA benefits etc.
- Provide statements of all assets listed in the Assets section of application. Statements should state values as of July 1, 2024.
- Provide statements of any liabilities listed in the Liabilities section of application.
- Provide statements of any expenses listed in the Expenses section of application.
- If your home is held in a Trust, please provide a copy of the most current Trust document and amendments, including any schedules.
- Be sure to sign and date your application. All owners/spouse should also sign.

**Please continue →**

- Submit your application to the Office of the Board of Assessors by mail, drop box (located in parking lot adjacent to Town Hall) or in person. You will be contacted by mail if additional documentation is required.

<sup>1</sup> If you do not file a Federal Income Tax Return, you must still provide proof of income, i.e., State Income Tax Returns, 1099s & W-2s.

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

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

**FINANCIAL HARDSHIP: ACTIVATED MILITARY - AGE AND INFIRMITY  
FISCAL YEAR \_\_\_\_\_ APPLICATION FOR STATUTORY EXEMPTION  
General Laws Chapter 59, § 5, CLAUSE 18**

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.

**Due April 1, 2024**

**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 own the property on July 1, _____? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If yes, were you:</i> Sole Owner <input type="checkbox"/> Co-owner with Spouse Only <input type="checkbox"/> Co-owner with Others <input type="checkbox"/>	
Was the property subject to a trust as of July 1, _____? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If yes, please attach trust instrument including all schedules.</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 _____ 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"/>	Exempted 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. EXEMPTION STATUS.** Check the status that applies to you and complete the questions that follow.

**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.*

GO ON TO SECTION D

**OLDER AND INFIRM PERSON**

**You must meet *both* age and infirmity requisites to qualify.**

Date of Birth \_\_\_\_\_ *Attach a copy of birth certificate.*

Provide a detailed description of the physical or mental illness, disability or impairment.

\_\_\_\_\_  
\_\_\_\_\_

*Attach a physician's letter documenting your infirmity.*

GO ON TO SECTION C

**C. EMPLOYMENT STATUS.**

Are you able to work? Yes  No  *If no, your physician's letter must confirm this status.*

If unemployed, state date of last employment \_\_\_\_\_

GO ON TO SECTION D

**D. INSURANCE BENEFITS.** Complete this section if you are a surviving spouse.

Date and place of spouse's death \_\_\_\_\_

Total amount of insurance received \_\_\_\_\_

Name of insurance company or fraternal society \_\_\_\_\_

GO ON TO SECTION E

**E. 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.*

GO ON TO SECTION F

**F. 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>

GO ON TO SECTION G



---

---

**G. 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 EXEMPTION**

**FINANCIAL HARDSHIP EXEMPTION.** You may be able to reduce all or a portion of the taxes assessed on your domicile if you do not have the financial resources to pay them because (1) you were called into active military service (not including initial enlistment), or (2) you are older and suffer some physical or mental illness, disability or impairment. 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 and meet all qualifications for a financial hardship exemption as of July 1.

**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 AN EXEMPTION 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 an exemption is granted and you have already paid the entire year's tax as exempted, 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 exemption, 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 an exemption has been granted or denied.

**APPEAL.** In order to obtain a review of the assessors' decision on your application for a financial hardship exemption, 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.

---

---