



Town of Seekonk
Massachusetts
Board of Assessors

NELSON ALMEIDA, CHAIRMAN
JOYCE SOLOMON, VICE CHAIR
JANET PARKER, CLERK

LYDIA A. CORDEIRO, TOWN ASSESSOR
ALISON HALABURDA, ASST. TOWN ASSESSOR

July 1, 2025

RE: FY'26 Blind Exemption Application

Dear Property Owner,

Please fill out and complete the enclosed application, making sure to state your *legal residence* as well as your *property location*.

Once completed, kindly return your signed application, *along with the current Certificate of Legal Blindness* to the Assessor's Office as soon as possible.

Applications received by October 31st, 2025 and approved by the Board of Assessors will have the exemption applied to the Fiscal Year 2026 Actual Tax Bill. Please note, the Board of Assessors cannot act upon applications received or post marked after April 1st, 2026.

Should you have any questions or would like to schedule an appointment for assistance with completing the application, please contact our office 508-336-2980.

Sincerely,

Seekonk Board of Assessors'

Enclosure: FY'26 Blind Exemption Application

*****Please Note*****

CURRENT "Certificate of Legal Blindness" is required from the Massachusetts Commission for the Blind with each year's application. (Mass. Commission for the Blind phone #: 617-727-5550 or 800-392-6450)

ALL INFORMATION SUPPLIED IS CONFIDENTIAL AND PROTECTED FROM PUBLIC DISCLOSURE.

100 Peck Street, Seekonk, MA 02771

Phone: (508) 336-2980 • Fax: (508) 336-0764 • EMAIL: lcordeiro@seekonk-ma.gov

TOWN OF SEEKONK

Name of City or Town

37A

Assessors' Use only

Date Received

Application No.

Parcel Id.

BLIND
FISCAL YEAR 2026 APPLICATION FOR STATUTORY EXEMPTION
General Laws Chapter 59, § 5

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, 2026**

INSTRUCTIONS: Complete all sections that apply. If you qualify under more than one category, you will receive the exemption that provides the greatest amount of assistance. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____		Marital Status _____	
Telephone Number _____		Mailing Address (If different) _____	
Legal Residence (Domicile) on July 1, 2025 _____		_____	
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, 2025? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, were you: 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, 2025? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please attach trust instrument including all schedules.			
Have you been granted any exemption in any other city or town (MA or other state) for this year? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, name of city or town _____		Amount exempted \$ _____	

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 \$ _____
Income <input type="checkbox"/>		
Assets <input type="checkbox"/>		
Board of Assessors		
Date Voted/Deemed Denied _____		
Certificate No. _____		
Date Cert./Notice Sent _____		
Exemption: Clause _____ Date: _____		

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

B. EXEMPTION STATUS. Check each status that applies to you and complete the questions that follow.

☐ **BLIND PERSON**

Were you legally blind as of July 1, 2025? Yes ☐ No ☐

Are you registered with Mass. Commission for the Blind? Yes ☐ No ☐

If yes, give Certificate Number _____ Date Registered _____ Attach copy of certificate.

If no, attach a letter from your doctor indicating status as of July 1.

GO ON TO SECTION c

C. 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 PERSONAL EXEMPTIONS

PERSONAL EXEMPTIONS. You may be eligible to reduce all or a portion of the taxes assessed on your domicile if you meet the qualifications for one of the personal exemptions allowed under Massachusetts law. Qualifications vary, but generally relate to age, ownership, residency, disability, income or assets.

You may be eligible for an exemption if you fall into any of these categories:

- Legally blind person
- Veteran with a service-connected disability
- Surviving spouse of servicemember, national guard member or veteran who died from active duty injury or illness
- Minor child of deceased parent
- Surviving Spouse
- Senior citizen age 70 and older (65 and older by local option)

More detailed information about the qualifications for each exemption may be obtained from your board of assessors.

WHO MAY FILE AN APPLICATION. You may file an application if you meet all qualifications for a personal exemption as of July 1. You may also apply if you are the personal representative of the estate, or trustee under the will, of a person who qualified for a personal exemption on 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. An application is filed when (1) received by the assessors on or before the filing deadline, or (2) mailed by United States mail, first class postage prepaid, to the proper address of the assessors, on or before the filing deadline, as shown by a postmark made by the United States Postal Service. **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.**

PAYMENT OF TAX. Filing an application does not stay the collection of your taxes. In some cases, you must pay all preliminary and actual installments of the tax when due to appeal the assessors' disposition of your application. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. 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.

ASSESSORS DISPOSITION. Upon applying for an 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. You may appeal the disposition of your application to the Appellate Tax Board, or if applicable, the County Commissioners. The appeal must be filed within 3 months of the date the assessors acted on your application, or the date your application was deemed denied, whichever is applicable. The disposition notice will provide you with further information about the appeal procedure and deadline.
