



**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 Hardship 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 required paperwork* (listed with the application) 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 at 508-336-2980.

Sincerely,

Seekonk Board of Assessors'

Enclosure: FY'26 Hardship Exemption Application

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



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July 1, 2025

RE: Criteria for Hardship Exemption for Fiscal Year 2026
Board of Assessors voted and approved: June 18, 2025
G.L. Chapter 59, Section 5, Clause 18

1. Applicant must file the Clause 18, State Form 98 with the Board of Assessors on or before December 15th of the year to which the tax relates or 3 (three) months after the Real Property tax bill is mailed, whichever is later.
2. Applicant must be at least 55 years of age, infirmed and impoverished.
3. Applicant must provide a letter of disability from his/her doctor.
4. Members of National Guard or Reservists who incur a financial hardship while on active duty, regardless of where they serve and their age.
5. Applicant must have an ownership interest in the subject property for a minimum of 3 (three) years. If property is held jointly with another person, all owners must independently qualify.
6. If property is held in a trust, applicant must have beneficial interest and be a trustee.
7. Maximum amount of \$900.00 (nine hundred dollars).
8. Maximum Income Limits including Social Security Exclusion:

Income Limits: Single: \$25,980 / Married: \$38,970 (same requirements as Clause 41C)

Asset Limits: Single: \$40,000 / Married: \$50,000 (same requirements as Clause 41C)

Expenses: Actual expenses must be listed on Tax Form 98

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CLAUSE 18 – HARDSHIP EXEMPTION
EFFECTIVE JULY 1, 2025 FOR FISCAL YEAR 2026

1. **Applicant must have reached his/her 55th birthday prior to July 1st of the fiscal year for which the exemption is sought.**
2. **Applicant must have ownership interest in the subject property for a minimum of 3 years.** If property is held jointly with another person, all owners must independently qualify.
3. Members of the National Guard or Reservists who incur a financial hardship while on active duty, regardless of where they serve at their age.
4. If property is held in a trust, applicant must have beneficial interest and be a trustee.
5. Applicant's **whole estates (assets)**, excluding assessed value of domicile, as of July 1st in the year of application cannot exceed **\$40,000 if single or \$50,000 for a married couple.**
6. Applicant's **gross receipts (income)**, for the preceding year from all sources, including Social Security cannot exceed **\$20,000 if single or \$30,000 for a married couple.**
With Social Security: \$25,834 if single or \$38,751 for a married couple.

FISCAL YEAR 2026 DOCUMENTS NEEDED FOR THE CLAUSE 18 EXEMPTION

(Please submit the following applicable documents which are required to complete your application.)

1. Letter of Disability from Doctor/Physician
2. Birth Certificate (1st year of filing only)
3. Copy of **2024** Income Tax Return (if applicable)
4. Copy of Trust (required if the property is held in a Trust)

INCOME & EXPENSES FOR 2024

(Please submit the following applicable documents which are required to complete your application.)

1. Social Security Earnings for **2024** (the 1099 Form)
(For a copy of SAA-1099 call 1-800-655-6469 or 1-800-772-1213 at 106 Pleasant St., Attleboro, MA 02703)
2. Pensions received in **2024**
3. Interest and Dividends earned in **2024**
4. Capital Gains
5. Public Assistance Letters (fuel assistance, circuit breaker, food stamps, etc.)
6. Other earned income (wages, rents, etc.)
7. Complete entire income & expense section
8. Billing statement(s) and/or receipt(s) showing proof of expense(s)

ASSETS AS OF JUNE 30, 2025 (excluding the value of the domicile & vehicle(s):

(Please submit the following applicable documents which are required to complete your application.)

1. All bank statements (or books) showing the balances as of June 30, 2025 for **all** savings, checking, CD's, IRA's, annuities, stocks, bonds, etc.
2. List any other real estate owned inside or outside of Massachusetts, including any other countries.

TOWN OF SEEKONK

Name of City or Town

Assessors' Use only

Date Received

Application No.

Parcel Id.

**FINANCIAL HARDSHIP: ACTIVATED MILITARY - AGE AND INFIRMITY
FISCAL YEAR 2026 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, 2026

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, 2025 _____

Mailing Address (If different) _____

No. Street _____ City/Town _____ Zip Code _____
Location of Property: _____

No. of Dwelling Units: 1 2 3 4 Other _____

Did you own the property on July 1, 2025? Yes No

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, 2025? Yes No

If yes, please attach trust instrument including all schedules.

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 \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership GRANTED Assessed tax \$ _____

Occupancy DENIED Exempted tax \$ _____

Status DEEMED DENIED Adjusted tax \$ _____

Financial condition 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.

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 & address)			
Other (specify)		Other outstanding debts (personal loans, credit cards, etc.)	
TOTAL	\$ _____	TOTAL	\$ _____
INCOME		EXPENSES	
Wages & salaries -Annual \$		Monthly	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)		.....	.....
TOTAL	\$ _____	TOTAL	\$ _____
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.
