

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

**CAMBRIDGE**

Name of City or Town

**FINANCIAL HARDSHIP: ACTIVATED MILITARY - AGE AND INFIRMITY**  
**FISCAL YEAR 2027 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:** Assessing Department

795 Massachusetts Ave. Cambridge MA 02139

Must be filed with assessors on or before **April 1**

**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"/>	
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, _____? 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) 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 \$ _____
Financial condition <input type="checkbox"/>		Cambridge 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>	Monthly	<b>EXPENSES</b>	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

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**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.

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Signature

Date

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

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**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 board of assessors by **April 1**

**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.

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**2025 Federal Income Tax return will be required to verify income**