

**Town of Hopkinton  
Senior Exemption Application**

Date \_\_\_\_\_  
Name: \_\_\_\_\_ D/O/B \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Name of Spouse if married: \_\_\_\_\_  
Spouse's D/O/B: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
How long a resident at above address: \_\_\_\_\_  
Mailing address (if different): \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
Number of persons residing at residence: \_\_\_\_\_  
Name(s) and Age(s) of person(s) living with you other than your spouse: \_\_\_\_\_  
\_\_\_\_\_  
Do you reside at above address for 12 months each year? \_\_\_\_\_  
Do you own any other property in Hopkinton or any other city or state? \_\_\_\_\_  
If Yes, where? \_\_\_\_\_  
Do you receive a Senior Exemption or Homestead Exemption in any other state? \_\_\_\_\_  
Are you a legal resident of Hopkinton? \_\_\_\_\_  
Are you a registered voter in Hopkinton? \_\_\_\_\_  
Have you previously been granted this exemption? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

**ALTERNATE CONTACT INFORMATION**

Please provide us with the contact information of a family member not residing with you.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to you \_\_\_\_\_

<p><b>ASSESSOR USE:</b> Book: _____ Page _____ Rec. Date _____ Map _____ Lot _____ How property is owned: _____ Life estate? _____</p>
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