



Town of Hanover

Board of Assessors
550 Hanover Street
Hanover, Massachusetts 02339-2242
www.hanover-ma.gov

Tel: 781-826-6401

Fax: 781-826-5239

Statement required by Hanover Assessors Office to meet requirements for Elderly exemption Clause 41C.
This form must be completed and signed by bank personnel.

Name of Bank _____

Location _____

Date _____

_____ have / has the following accounts listed at the above stated bank.

In order to process the exemption we need Information from two different years:

The *Income* Section Requires the Balance as of 12/31/previous FY - The *Asset* Section Requires the Balance as of 07/01/current FY

Last four (4) digits of Account # _____

Interest earned in calendar year _____ \$ _____ Balance as of 7/1/ _____ \$ _____

Last four (4) digits of Account # _____

Interest earned in calendar year _____ \$ _____ Balance as of 7/1/ _____ \$ _____

Last four (4) digits of Account # _____

Interest earned in calendar year _____ \$ _____ Balance as of 7/1/ _____ \$ _____

Last four (4) digits of Account # _____

Interest earned in calendar year _____ \$ _____ Balance as of 7/1/ _____ \$ _____

Bank employee Signature _____

I, _____ grant permission for the bank to release the above information to the Hanover assessing office.