



## IMPORTANT MASSACHUSETTS STATE QUESTIONS

1. Do you own your home or pay rent?

Own

Rent

If age 65 or older, please provide:

2024 Assessed Value \_\_\_\_\_

Property Taxes \_\_\_\_\_

Water/Sewer \_\_\_\_\_

Monthly rent paid \$ \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

2. Did you have **health insurance** at any time in 2024?

Full year  
coverage

Partial  
coverage

No  
coverage

3. If you had **health insurance**, what type of insurance was it? (check all that apply)

MA Health

Private Insurance

Medicare

VA Insurance

Other

Mass Health Connector /  
Marketplace Insurance

4. Number of months you lived in Massachusetts in 2024 \_\_\_\_\_

5. Number of Months you lived in the US in 2024 \_\_\_\_\_