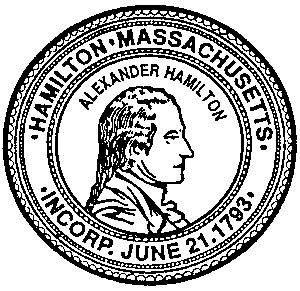


THE COMMONWEALTH OF MASSACHUSETTS



ASSESSOR USE ONLY

TOWN OF HAMILTON

Parcel I.D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FISCAL YEAR 2020** Date Received

## LOW INCOME PERSONS-LOW OR MODERATE INCOME SENIORS Application must be filed 3

## FISCAL YEAR 2020 APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION months after the actual (not

## General Laws Chapter 44B preliminary) tax bills are

**mailed for fiscal year.**

**1. IDENTIFICATION**: (Complete all sections fully)

Name of Applicant

Mailing Address  Tel. No.

Marital Status

Were you 60 years or older on January 1, 2019? Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

*If yes and first year of application, please attach a copy of birth certificate.*

Legal Residence (Domicile) on January 1, 2019

Location of Property

Did you own the property on January 1, 2019? Yes \_\_\_\_ No

If yes, were you: Sole Owner: Co-Owner with Spouse Only Co-Owner with Others

Was the property held in trust as of January 1, 2019? Yes No

(*If yes, attach instrument including all schedules)*

Have you been granted any exemption in any other city or town (MA or other) for this fiscal year? Yes\_\_\_\_No\_\_\_\_

If yes, name of city or town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of exemption\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 2. INCOME

GROSS INCOME FROM ALL SOURCES IN CALENDAR YEAR **2018** FOR EACH MEMBER OF FAMILY (EXCEPT FULL TIME STUDENTS AND MINOR CHILDREN) AS FOLLOWS: Retirement Benefits (Social Security, Railroad, Federal, Mass, and Political Subdivisions), Other Pensions and Retirement Allowances, Wages, salaries and Other Compensation,

Net Profits from Business or Profession, Interest and Dividends, Alimony, Child Support, Rental income, Capital gains, and other.

### Total Number of persons residing in Household:

**Name: First, Middle, Last** **Relationship** **Date of Birth** **Annual Total Income**

**To Applicant** **(All Sources)**

**Applicant**

**Spouse**

TOTAL FAMILY GROSS INCOME: $

### 3. DEPENDENT DEDUCTION (Please list all dependents residing in household)

**NAMES:** **DATE OF BIRTH** **FULL TIME STUDENT?**

Y N

Y N

Y N

Y N

Y N

Y N

**4. MEDICAL EXPENSE DEDUCTION**

DEDUCTIONS FOR MEDICAL EXPENSES OF ALL FAMILY MEMBERS IN CALENDAR YEAR **2018**

Note: Do not include amounts that have been reimbursed or paid by insurance

Health Insurance Premiums $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitals $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription Drugs $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Equipment $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL MEDICAL EXPENSES: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DID YOU, OR ANY MEMBER OF YOUR FAMILY FILE A FEDERAL INCOME TAX RETURN (S) FOR

CALENDAR YEAR **2018**? YES NO IF YES, A COPY OF PAGE ONE OF THAT RETURN

IS REQUIRED FOR ALL FAMILY MEMBERS. (TAX RETURN INFORMATION WILL BE DESTROYED

AFTER FINAL DISPOSITION OF THE APPLICATION)

***PLEASE NOTE: INFORMATION ON THIS FORM IS NOT SUBJECT TO PUBLIC INSPECTION.***

SIGNATURE: (Sign below to complete 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, it and all accompanying documents and statements are true.

Signature(s) Date

*\*\* Filing this application does not stay the collection of your surcharge. To avoid interest and collection charges, you*

must pay surcharge as billed by the due date. If the exemption is granted and the surcharge is paid in full, then

*a refund will be made.*

**5. For Assessors Use Only**

***QUALIFYING CRITERIA: PARCEL I.D.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***BILL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

AGE (60+)

OWNERSHIP

OCCUPANCY

***INCOME CALCULATION:***

GROSS FAMILY INCOME (FROM PAGE 1) $

Less # OF DEPENDENTS: \_\_\_\_\_\_\_\_X $300 = $

Less EXPENSES OVER 3% OF

TOTAL FAMILY GROSS INCOME $

= NET INCOME FOR CPA EXEMPTION STATUS $

HOUSEHOLD SIZE \_\_\_\_\_\_\_\_\_\_

MAXIMUM ALLOWABLE CPA EXEMPTION FOR THIS APPLICANT $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### LOW OR MODERATE INCOME SENIOR EXEMPTION Granted Denied

### LOW INCOME PERSONS EXEMPTION Granted Denied

### ABATEMENT AMOUNT $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ABATEMENT No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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BOARD OF ASSESSORS

DATE