

THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF HOLLISTON  
FISCAL YEAR \_\_\_\_\_

Assessor Use  
Date Rec.'d

LOW INCOME PERSONS-LOW OR MODERATE INCOME SENIORS  
FISCAL YEAR \_\_\_\_\_ APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION  
General Laws Chapter 44 B

**Identification:** (Complete all sections fully)

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Age on January 1, \_\_\_\_\_

Legal Residence (Domicile) on January 1, \_\_\_\_\_

Location of Property \_\_\_\_\_

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

If Yes, were you: Sole owner \_\_\_\_\_ Co-owner with Spouse \_\_\_\_\_ Co Owner with others \_\_\_\_\_

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

(If yes, attach instrument including all schedules)

**Income:**

GROSS INCOME FROM ALL SOURCES IN CALENDAR YEAR \_\_\_\_\_ FOR EACH MEMBER OF THE 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.

Total Number in Family \_\_\_\_\_

Name:	Relationship to Applicant	Social Security No.	Date of Birth	Annual Total Income
	Applicant			
	Spouse *			

Total Family Income \_\_\_\_\_

- If separate income tax return was filed

**Deductions**

DEDUCTIONS FOR DEPENDENTS RESIDING IN DOMICILE

NAMES:	DATE OF BIRTH	FULL TIME STUDENT	
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N

TOTAL NUMBER OF DEPENDENTS: \_\_\_\_\_ X \$300 = \$\_\_\_\_\_ A

MEDICAL DEDUCTIONS

DEDUCTIONS FOR MEDICAL EXPENSES OF ALL FAMILY MEMBERS IN CALENDAR YEAR \_\_\_\_\_

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

MEDICARE \$ \_\_\_\_\_

MEDICAL INSURANCE \$ \_\_\_\_\_

DOCTORS \$ \_\_\_\_\_

PRESCRIPTIONS \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

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

ENTER 3% OF TOTAL FAMILY GROSS INCOME  
AND SUBTRACT FROM TOTAL MEDICAL EXPENSES \$ \_\_\_\_\_

=ALLOWABLE MEDICAL DEDUCTION \$ \_\_\_\_\_ B

TOTAL DEDUCTION A + B = \$ \_\_\_\_\_

**CALCULATION**

GROSS INCOME (FROM PAGE 1) \$ \_\_\_\_\_  
LESS DEDUCTIONS (FROM PAGE 2) \$ \_\_\_\_\_  
NET INCOME FOR CPA EXEMPTION STATUS \$ \_\_\_\_\_

DID YOU, OR ANY MEMBER OF YOUR FAMILY FILE AN INCOME TAX RETURN(S) FOR CALENDAR YEAR 20\_\_\_\_? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE ATTACH A COPY OF PAGE ONE OF THAT RETURN FOR ALL FAMILY MEMBERS. (TAX RETURN INFORMATION WILL BE DESTROYED AFTER FINAL DISPOSITION OF THE APPLICATION)

PLEASE NOTE: INFORMATION ON THIS FORM MAY BE SUBJECT TO PUBLIC INSPECTION.

SIGNATURE: Sign here 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

For Assessors Use Only:

Granted \_\_\_\_\_ Denied \_\_\_\_\_

Maximum allowable CPA exemption income for this applicant: \$ \_\_\_\_\_

If denied, reason for disqualification:

\_\_\_\_\_  
BOARD OF ASSESSORS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
DATE \_\_\_\_\_

COMMUNITY PRESERVATION ACT REAL ESTATE TAX SURCHARGE  
LOW AND MODERATE INCOME EXEMPTION ANNUAL LIMITS

**Property Owned by Senior  
(Age 60 or older)  
Low and Moderate income**

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**Property Owned by Non-Senior  
(Under Age 60)  
Low income**

Household Size	Annual Income Limit
1	\$49,000
2	\$56,000
3	\$63,000
4	\$70,000
5	\$75,000
6	\$81,200
7	\$86,800
8	\$92,400

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Household Size	Annual Income Limit
1	\$39,200
2	\$44,800
3	\$50,400
4	\$56,000
5	\$60,500
6	\$64,950
7	\$69,450
8	\$73,900