



Date Received: \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS  
Town of Hopkinton

LOW INCOME PERSONS / LOW OR MODERATE INCOME SENIORS  
FISCAL YEAR 2021 APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION  
General Laws Chapter 44B

Marital Status: \_\_\_\_\_ Age on January 1, 2020 \_\_\_\_\_ Phone No. \_\_\_\_\_

Legal Residence (Domicile) on January 1, 2020 \_\_\_\_\_

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

Did you own the property on January 1, 2020? Yes  No

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

Was the property held in trust on January 1, 2020? Yes  No   
(If yes, attach copy of trust including all schedules)

**INCOME (please refer to Page 4 for income guidelines):**

GROSS INCOME FROM ALL SOURCES IN CALENDAR YEAR 2019 FOR EACH FAMILY MEMBER, EXCEPT FULL-TIME STUDENTS AND MINOR CHILDREN. Sources include Retirement benefits (Social Security, Railroad, Federal, Massachusetts 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: First, Middle & Last	Relationship to Applicant	Date of Birth	Total Annual Income (all sources)
	Applicant		
	Spouse (if they filed separate tax return)		

Total Gross Household Income: \$ \_\_\_\_\_ -

**DEDUCTIONS: Skip this page if your TOTAL HOUSEHOLD GROSS INCOME from page 1 is below the income guidelines on page 4.**

DEDUCTIONS FOR DEPENDENTS RESIDING IN DOMILE

NAME OF DEPENDENT	DATE OF BIRTH	FULL-TIME STUDENT?	
		Y	N
		Y	N
		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 2019

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	\$ _____	-
TOTAL MEDICAL EXPENSES LESS 3% OF GROSS INCOME		\$ _____ - B
TOTAL DEDUCTIONS (A + B)		\$ _____ -

**CALCULATION**

GROSS INCOME (From Page 1) \$ \_\_\_\_\_ -  
LESS DEDUCTIONS (From Page 2) \$ \_\_\_\_\_ -  
NET INCOME FOR CPA EXEMPTION \$ \_\_\_\_\_ -

Did you or any member of your family file a Federal income tax return for Calendar Year 2019? YES \_\_\_\_ NO \_\_\_\_.  
If YES, please attach a copy of Pages 1 and 2 of that return for ALL family members.

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

### Exemption Eligibility Requirements:

- ◆ The Low/Moderate Income Exemption applies only to Residential property.
- ◆ Applicant must own and occupy the property as of January 1, 2020. Applicant may be: (1) sole owner, (2) co-owner, (3) life tenant or (4) trustee with sufficient beneficial interest in property under the terms of the trust. All co-owners do not have to occupy the property; however, each co-owner must include their total income in meet the Annual Household Income Standard. For property subject to a trust, each trustee must also include their income to meet the Standard. See chart below for the formula used by household type.
- ◆ Applicant must provide proof of age.
- ◆ Applicant must provide proof of Annual Household Gross Income from all sources, from all household members or co-owners or trustees who were 18 or older and not full-time students in Calendar Year 2019.
- ◆ Applicant must provide proof of number of dependents.

### Calendar Year 2020 Income Guidelines

Household Size	Senior (60 or Older) Annual Income Limit	Non-Senior (Under 60) Annual Income Limit
1	\$ 83,300	\$ 66,700
2	\$ 95,200	\$ 76,200
3	\$ 107,100	\$ 85,700
4	\$ 119,000	\$ 95,200
5	\$ 128,500	\$ 102,800
6	\$ 138,000	\$ 110,400
7	\$ 147,600	\$ 118,000
8	\$ 157,100	\$ 125,700

Application Deadline is March 31, 2021