

**THE NEW
MEANS-TESTED
SENIOR EXEMPTION
PROGRAM**



**TOWN OF HOPKINTON – FISCAL YEAR 2020
APPLICATION FOR SENIOR TAX RELIEF**

GENERAL COURT OF THE COMMONWEALTH OF MASSACHUSETTS
CHAPTER 234 OF THE ACTS OF 2018

EXEMPTION CREDIT: \$550 - \$2,200

DETERMINED BY BOARD OF SELECTMEN AND
DEPENDENT ON NUMBER OF APPLICANTS

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

REQUIREMENTS

AGE: 65 OR OLDER (CO-OWNER MUST BE 60 OR OLDER)

RESIDENT: MUST HAVE BEEN A RESIDENT OF HOPKINTON FOR TEN (10) CONSECUTIVE YEARS

INCOME: MUST MEET THE STATE CIRCUIT BREAKER LIMITS
(SINGLE \$58,000, HEAD OF HOUSEHOLD \$73,000, JOINT \$88,000)

HOMEOWNER'S PRINCIPAL RESIDENCE ASSESSMENT NOT TO EXCEED \$778,000

ASSETS: MAXIMUM OF \$250,000 EXCLUDING THE RESIDENCE
(ASSETS INCLUDE BANK CHECKING AND SAVINGS ACCOUNTS, BONDS, MONEY MARKET CERTIFICATES, STOCKS,
BOATS AND REAL ESTATE OTHER THAN YOUR PRIMARY RESIDENCE)

DOCUMENTATION NEEDED

PROOF OF AGE

COPY OF 2018 FEDERAL INCOME TAX RETURN

COPY OF 2018 STATE INCOME TAX RETURN

SCHEDULE CB

A LIST OF YOUR ASSETS

COMPLETED APPLICATION

TRUST DOCUMENTATION WITH ALL SCHEDULES, IF APPLICABLE

APPLICATION DEADLINE – AUGUST 31, 2019



TOWN OF HOPKINTON – FISCAL YEAR 2020
APPLICATION FOR SENIOR TAX RELIEF
 FORM APPROVED BY THE HOPKINTON BOARD OF ASSESSORS

In order to be eligible for this exemption, the following requirements MUST be met:

1. You, or at least one joint applicant, must have owned and occupied a home in Hopkinton as your principal residence for the last ten (10) consecutive years.
2. You must have filed a 2018 Massachusetts State Tax Form Schedule CB (Circuit Breaker)
3. Primary applicant is 65 and any joint applicant is 60 by December 31, 2018.

THIS APPLICATION MUST BE RECEIVED IN THE ASSESSORS' OFFICE BY AUGUST 31, 2019.

Incomplete applications or those missing supporting documentation will not be processed. Please provide all of the requested information.

1. Name of Applicant(s): _____
 Address: _____
 City/Town: _____ State: _____ Zip: _____
 Home Phone: _____ Cell/Work Phone: _____
 Email Address: _____
2. Applicant Date of Birth: _____ Joint Application Date of Birth: _____
 Valid Massachusetts ID: _____ Valid Massachusetts ID: _____
3. Assessed Value of Principal Residence (Fiscal 2019): _____ No. of Units: _____
4. Date you purchased the property: _____
 If less than 10 years ago, prior address: _____
5. Is property subject to a trust? _____ *If yes, please attach trust document and all schedules.*
6. Do you own any other real estate? _____ If yes, please provide address: _____

7. Have you been granted any tax exemption in any other city or town? _____ Where? _____
8. Provide your Circuit Breaker Income Tax Credit amount from 2018: \$ _____

Please attach a copy of your 2018 State Income Tax filing, and the MA Schedule CB.

Subscribed this ____ day of _____, 2019, under the pains and penalties of perjury.

Signature of Applicant: _____

The filing of this application does not stay the collection of your real estate tax obligation. A credit will be applied or a refund issued if the exemption is allowed.

BOARD OF ASSESSORS ACTION

APPROVE: _____

DENY: _____

EXEMPTION AMOUNT: \$ _____

SIGNATURES: _____

