COMMUNITY PRESERVATION SURCHARGE
LOW/MODERATE INCOME EXEMPTION
EXEMPTION ELIGIBILITY REQUIREMENTS
FOR FISCAL YEAR 2012

1. **Applicant must own the property as of January 1, 2011.**
May be (1) sole owner, (2) co-owner, (3) life tenant or (4) trustee with sufficient beneficial interest in property under terms of trust.

2. **Applicant must occupy the property as domicile as of January 1, 2011.**

3. **Applicant and <u>each</u> co-owner must have household income for the calendar year before January 1, 2011 at or below the limit for that owner's household type and number. A copy of all owners, co-owners & trustees 2010 income tax returns is required to verify income. If you do not file income tax returns a 4506-T form (form available at the Assessors Office) will need to be filed with the IRS to verify income.**
For property subject to trust, each co-trustee must meet income standard.

<u>Calculation of Each Owner's Household Income</u>

1. **Household Annual Gross Income from <u>all</u> sources.**
   * Includes wages, salaries and bonuses, public and private pensions, retirement income Social Security, alimony, child support, interest and dividend income, net income from business, public assistance, disability and unemployment insurance, regular contributions/gifts from party outside the household.
   * **Includes income of all household members who were 18 or older and not full time students during calendar year. A copy of the 2010 income tax returns is required to verify income**

2. **<u>Deduct</u> Dependents Allowance.**
   * Number dependents on January 1 (not spouse) X $300.00.

3. **<u>Deduct</u> Medical Expenses Exclusion.**
   * Total out of pocket expenses of all household members for calendar year **<u>exceeding</u>** 3% of household annual gross income (from line I above)
   * Out of pocket medical expenses include health insurance premiums, payments to doctors, hospitals and other health care providers, diagnostic tests, prescription drugs, medical equipment or other expenses <u>not paid or reimbursed</u> by employers, public/ private insurers or other third parties.

4. **<u>Equals</u> Household Annual Income for CPA Exemption.**
   * Cannot exceed *Annual Income Limit for Household Type and Size.*

FISCAL YEAR 2012
COMMUNITY PRESERVATION SURCHARGE
LOW/MODERATE INCOME EXEMPTION

ANNUAL INCOME LIMIT BY HOUSEHOLD TYPE AND SIZE

HOUSEHOLD TYPE: PROPERTY OWNED BY SENIOR (60 OR OLDER)

HOUSEHOLD SIZE	ANNUAL INCOME LIMIT
1	$ 64,200.00
2	$ 73,350.00
3	$ 82,500.00
4	$ 91,700.00
5	$ 99,050.00
6	$ 106,400.00
7	$ 113,700.00
8	$ 121,000.00

HOUSEHOLD TYPE: PROPERTY OWNED BY NON-SENIOR (UNDER 60)

1	$ 51,350.00
2	$ 58,700.00
3	$ 66,000.00
4	$ 73,350.00
5	$ 79,200.00
6	$ 85,100.00
7	$ 90,950.00
8	$ 96,800.00

DEDUCTIONS FOR DEPENDENTS AND OUT OF POCKET MEDICAL EXPENSES MAY LOWER HOUSEHOLD INCOME

CP-4
7/2009

The Commonwealth of Massachusetts

DRACUT
Name of City or Town

Assessor's Use only
Date Received
Application No.
Parcel Id.

LOW INCOME PERSONS-LOW OR MODERATE INCOME SENIORS
FISCAL YEAR **2012** APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION
General Laws Chapter 44B

Return to: Board of Assessors
Town Hall
62 Arlington Street
Dracut, MA 01826

INSTRUCTIONS: Complete all sections. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____

Telephone Number _____ Marital Status _____

Were you 60 years or older on January I, 2011? Yes ____ No ____

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

Legal residence (domicile) on January 1, 2011 _____
No. Street City/Town Zip code

Mailing address (if different) _____
No. Street City/Town Zip code

Location of property: _____ No. of dwelling units: 1, 2, 3, 4 or other

Did you own the property on January I, 2011? Yes ___ No ___

If yes, were you: Sole Owner ____ Co-owner with spouse only ____ Co-owner with others ____

Was the property subject to a trust as of January I, 2011? Yes ___ No ___

If yes, please attach trust instrument including all schedules.

Have you been granted any exemption in any other city or town for this fiscal year? Yes ___ No ___

If yes, name of city or town _____ Type of exemption _____

B. SIGNATURE. Sign here to complete the 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, the application and all accompanying documents and statements are true, correct and complete.

_____
Signature Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.

YOU MUST ALSO COMPLETE SCHEDULES C - F ON FOLLOWING PAGES

APPLICATION FOR EXEMPTION MUST BE FILED ANNUALLY
FILING THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR SURCHARGE
TO AVOID INTEREST & COLLECTION CHARGES, YOU MUST PAY SURCHARGE AS BILLED BY DUE DATE. IF EXEMPTION IS GRANTED AND SURCHARGE IS PAID IN FULL, REFUND WILL BE MADE.
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

C. HOUSEHOLD MEMBERS. List all members of your household on January 1, 2011 and provide requested information. Please list any members who are 18 and older and not full time students last.

	Full Name (First, Middle, Last)	Relationship to Applicant	Age as of 1/1	Occupation or School Grade
1.				
2.				
3.				
4.				
5.				
6.				

Continue list on attachment, in same format, as necessary.

D. HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES DURING PRECEDING CALENDAR YEAR. List total medical expenses incurred by all household members during calendar year before January 1, 2011 that were not paid by or reimbursed by employer, public or private health insurance or other third party. Includes amounts paid in health insurance premiums, co-payments, deductibles and other out of pocket expenses. Documentation may be requested to verify expenses claimed.

TYPE OF EXPENSE	Total Out of Pocket for Preceding Calendar Year
Health insurance premiums	$
Doctors	$
Hospitals	$
Diagnostic tests	$
Prescription drugs	$
Medical equipment	$
Other	$
TOTAL OUT OF POCKET	$

E. HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR. List income received from all sources for each member of household 18 and older and not full time students during calendar before January 1, 2011. Please list members in same order as shown in Schedule C above. Copies of federal and state income tax returns may be requested to verify income reported for each household member.

TYPE OF INCOME	Applicant Name	Member 1 Name	Member 2 Name	Member 3 Name
Wages, salaries, other compensation	$	$	$	$
Social Security				
Other pension/retirement benefits				
Interest/dividends				
Rental Income				
Net Profits from business or profession				
Capital gains				
Alimony				
Child Support				
Public assistance				
Unemployment compensation				
Disability compensation				
Other (specify):				
TOTAL GROSS INCOME - MEMBERS	$	$	$	$
TOTAL GROSS INCOME - HOUSEHOLD				$

Continue list on attachment, in same format, as necessary.

F. CO-OWNERS' HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR.

Does Schedule E above include the gross income of all co-owners of the property as of January I, 2011? Yes ___ No ___

If no, a Schedule B, C and E must be attached for each co-owner not included.

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Age ☐

Ownership ☐

Occupancy ☐

Applicant's Gross Income $ _____

Dependent Deduction $ _____

Medical Deduction $ _____

Applicant's CPA Income $ _____

Co-owner 1 Gross Income $ _____

Dependent Deduction $ _____

Medical Deduction $ _____

Co-owner 1 CPA Income $ _____

Co-owner 2 Gross Income $ _____

Dependent Deduction $ _____

Medical Deduction $ _____

Co-owner 2 CPA Income $ _____

GRANTED ☐

DENIED ☐

Assessed surcharge $ _____

Exempted surcharge $ _____

Adjusted surcharge $ _____

BOARD OF ASSESSORS

Date voted _____ _____

Certificate Number _____ _____

Date certificate/Notice sent _____ _____

Date: _____