



TOWN OF HOPKINTON

ASSESSOR USE ONLY
DATE RECEIVED

**LOW INCOME PERSONS-LOW OR MODERATE INCOME SENIORS
FISCAL YEAR 2008 APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION
General Laws Chapter 44B**

IDENTIFICATION:

Name of Applicant _____

Mailing Address _____ Tel. No. _____

Marital Status _____ Age on January 1, 2007 _____

Legal Residence (Domicile) on January 1, 2007 _____

Location of Property _____

Did you own the property on January 1, 2007? 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, 2007? Yes _____ No _____
(If yes, attach instrument including all schedules)

INCOME (please refer to insert for income guidelines)

GROSS INCOME FROM ALL SOURCES IN CALENDAR YEAR 2006 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.

Total Number in Family: _____

Name: First, Middle, Last	Relationship to applicant	Soc Sec #	Date of Birth	Annual Total Income (All Sources)
	Applicant			
	*Spouse			

TOTAL FAMILY GROSS INCOME: \$ _____

*If separate income tax return was filed

DEDUCTIONS Please Note: Skip this page if your "TOTAL FAMILY GROSS INCOME" from page 1 is already below the income guidelines

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 2006

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 DEDUCTIONS 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 2006? 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 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

For Assessors Use Only:

Granted _____ Denied _____

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

If denied, reason for disqualification:

BOARD OF ASSESSORS _____

DATE