

# FY2016 TOWN OF WELLESLEY

525 Washington Street, Wellesley, MA 02482

## APPLICATION FOR

### COMMUNITY PRESERVATION ACT EXEMPTION

Low Income Persons / Low or Moderate Income Seniors

Mass. Gernal Laws chapter 44B

**ASSESSOR USE ONLY**

Date Received:

Other Exemptions: \$

Bill #:

Parcel ID:

Wellesley

MA

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION  
(see Mass General Laws chapter 59, section 60)

**INSTRUCTIONS:**

**Please review and make any corrections to this form as soon as possible.**

**Fill in all shaded areas and verify their accuracy.**

**Sign below.**

The Assessors anticipate mailing the actual fiscal year 2016 real estate tax bills sometime in December 2015.

**A. IDENTIFICATION:**

Name of Applicant:	<input type="text"/>	Telephone Number:	<input type="text"/>
Mailing:	<input type="text"/>	Social Security #:	<input type="text" value="xxx-xx-____"/>
City/Town	<input type="text" value="Wellesley"/>	State:	<input type="text" value="MA"/>
Zip:	<input type="text"/>	Marital Status:	<input type="text"/>
Location of Property:	<input type="text"/>	# of Dwelling Units:	<input type="text"/>
Were you 60 years or older on January 1, 2015?	<input type="text"/>		
Did you own the property on January 1, 2015?	<input type="text" value="Yes"/>		
Sole Owner	<input type="checkbox"/>	Subject to Trust	<input type="checkbox"/>
Co-Owner with a spouse only	<input type="checkbox"/>	Co-Owner with others	<input type="checkbox"/>

**B. SIGNATURES:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**YOU MUST ALSO COMPLETE ALL SECTIONS ON THE BACK OF THIS PAGE**

Filing this application does not prevent the collection of this surcharge. To avoid interest and collection charges, you must pay the surcharge as billed by the due date. If an exemption is granted and the surcharge is paid in full, you will receive a refund.

**C. HOUSEHOLD MEMBERS AND GROSS INCOME DURING THE PRECEDING CALENDAR YEAR:**

List all members of your household on January 1, 2015 and provide requested information. List all income (taxable and non-taxable) received from all sources for each member of the household age 18 and older and not a full time student during the calendar year 2014. Copies of federal and state income tax returns may be requested to verify income reported for each household member.

	<u>Member 1</u>	<u>Member 2</u>	<u>Member 3</u>	<u>Member 4</u>
<b>Name:</b>				
<b>Relationship to Applicant:</b>				
<b>Date of Birth:</b>				
<b>Occupation or School Grade:</b>				
<b>TYPE OF INCOME:</b>				
<b>Wages, salaries, other compensation:</b>	\$	\$	\$	\$
<b>Social Security:</b>	\$	\$	\$	\$
<b>Other pension/retirement benefits:</b>	\$	\$	\$	\$
<b>Interest/dividends:</b>	\$	\$	\$	\$
<b>Rental Income:</b>	\$	\$	\$	\$
<b>Net profits from business or profession:</b>	\$	\$	\$	\$
<b>Capital gains:</b>	\$	\$	\$	\$
<b>Alimony:</b>	\$	\$	\$	\$
<b>Child support:</b>	\$	\$	\$	\$
<b>Public assistance:</b>	\$	\$	\$	\$
<b>Unemployment compensation:</b>	\$	\$	\$	\$
<b>Disability compensation:</b>	\$	\$	\$	\$
<b>Other (specify):</b>	\$	\$	\$	\$
<b>TOTAL GROSS INCOME - MEMBERS:</b>	\$	\$	\$	\$
<b>TOTAL GROSS INCOME - HOUSEHOLD:</b>				\$

**D. HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES DURING PRECEDING CALENDAR YEAR:**

List total medical expenses incurred by all household members during calendar year 2014 that were not paid by or reimbursed by an employer, public or private health insurance or other third party. Include amounts paid in health insurance premiums, co-payments, deductibles and other out of pocket expenses. Documentation may be requested to verify expenses claimed.

<b>TYPE OF EXPENSE:</b>	<b>Total out-of-pocket for Preceding Calendar Year (2014)</b>	<b>TYPE OF EXPENSE:</b>	<b>Total out-of-pocket for Preceding Calendar Year (2014)</b>
<b>Health Insurance Premiums:</b>	\$	<b>Doctors:</b>	\$
<b>Diagnostic Tests:</b>	\$	<b>Hospitals:</b>	\$
<b>Prescription Drugs:</b>	\$	<b>Other:</b>	\$
<b>Medical Equipment:</b>	\$	<b>TOTAL OUT OF POCKET MEDICAL EXPENSES:</b>	\$