COMMUNITY PRESERVATION SURCHARGE
LOW/MODERATE INCOME EXEMPTION
FY2017

Exemption Eligibility Requirements:

- **The Low/Moderate Income Exemption applies only to Residential property.**

- **Applicant must own and occupy the property as of January 1, 2016**. Applicant may be: (1) sole owner, (2) co-owner, (3) life tenant or (4) trustee with sufficient beneficial interest in property under terms of trust. All co-owners do not have to occupy the property; however, each co-owner must meet the Annual Household Income standard. For property subject to a trust, each co-trustee must also meet income standard. (See chart below for the formula used by household type.)

- **Applicant must provide proof of age to determine whether: 1) 60 years old or older (Senior Household Type), or 2) under 60 (Non-Senior Household Type).**

- **Applicant must provide proof of Annual Household Gross Income from all sources from all household members who are 18 or older and not full time students in calendar year preceding January 1, 2016.**

- **Applicant must provide proof of number of dependents.**

Determination of Eligibility of Applicant's (Net) Annual Household Income:

1. **Determine Annual Household Gross Income from all sources (including all household members who are 18 or older and not full time students during the previous calendar year).**
   - 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 of the household.

2. **Deduct allowance for Dependents.**
   - Number of dependents on January 1, 2016, (not including spouse) x $300. (Established by the State Department of Housing and Community Development, 760 Code of Massachusetts Regulations 6.05(4)).

3. **Deduct (certain) Medical Expenses.**
   - Total out of pocket medical expenses of all household members for calendar year preceding January 1, 2016 (total must exceed 3% of household annual gross income in order to be deducted).
   - Out of pocket medical expenses must be documented and includes: health insurance premiums, payments to doctors, hospitals and other health care providers, diagnostic tests, prescription drugs, medical equipment or other expenses not paid or reimbursed by employers, public/private insurers or other third parties.

4. **Equals Household Annual Income for CPA Exemption.**
   - The result is the (Net) Annual Household Income to be used for the application for the CPA Low/Moderate Income Exemption. This amount **cannot exceed the *Annual Income Limits for Household Type and Size*** (see chart below). The Annual Income Limit is based on the Area Wide Medium Income (AWMI) set by the U.S. Department of Housing and Urban Development (HUD).

Household Size	Annual Income Limit	
	Senior Household Type: Property Owned by Senior (60+)	**Non-Senior Household Type: Property Owned by Non-Senior (<60)**
1	$68,700	$54,950
2	$78,500	$62,800
3	$88,300	$70,650
4	$98,100	$78,500
5	$105,950	$84,800
6	$113,800	$91,050
7	$121,650	$97,350
8	$129,500	$103,600

The figures above in the chart are based on the median income amount issued by HUD on 3/28/2016.

MUST BE FILED BY MONDAY, APRIL 3, 2017, 4:00 P.M.

ASSESSORS' USE ONLY
Application No.
Date Received:

CPA-4
7/2009

THE COMMONWEALTH OF MASSACHUSETTS

BELMONT

LOW INCOME PERSONS – LOW OR MODERATE INCOME SENIORS
APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION

FISCAL YEAR 20 17

General Laws Chapter 44B

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION (See General Laws Chapter 59, § 60)

Town of Belmont
Assessors' Office
19 Moore Street, PO Box 56
Belmont, MA 02478

Return to: Board of Assessors

INSTRUCTIONS: Complete all sections fully. 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 1, 2016 ? Yes ☐ No ☐

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

Legal Residence (Domicile) on January 1, 2016 Mailing Address (if different)

No. Street City/Town Zip Code No. Street City/Town Zip Code

Location of Property: _____ No. of Dwelling Units: 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other _____

Did you own the property on January 1, 2016 ? 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 1, 2016 ? Yes ☐ No ☐

If yes, please attach trust instrument including all schedules.

Have you been granted any exemption in any other city or town (MA or other) for this 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, this return 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

FILINIG THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR SURCHARGE.
TO AVOID INTEREST AND 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

(OVER)

C. HOUSEHOLD MEMBERS. List all members of your household on January 1 and provide requested information. Please list any members who are 18 and older and not full time students last. Documentation may be requested to verify information provided.

	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 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 student during calendar year before January 1. 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-OWNER'S 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 1, 2016 ? Yes ☐ No ☐

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

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Age ☐

Ownership ☐

Occupancy ☐

Applicant

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: _____

	FY 2017 ASSESSED VALUE	FY 2017 CPA SURCHARGE	FORMULA FOR FY 2017 CPA SURCHARGE
Assessed			See *
Exempted			Note: 100% of CPA Surcharge is Exempted
Adjusted		0.00	Difference
AMOUNT OF SURCHARGE TO BE EXEMPTED FY 2017 =			

*(((FY 2017 Assessed Value – 100,000 CPA Residential Exemption) x FY 2017 Tax Rate/1,000) x 1.5%)