

City of Boston

LOW INCOME PERSONS - LOW OR MODERATE INCOME SENIORS FISCAL YEAR 2018 APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION General Laws Chapter 44B

[] []
[] []

Return to: Cugukpi 'F gr ctvo gpv
.....Cvp<ERC"Uwej cti g
.....Ek{ "J cm" Tqgo "523
.....Dquqp.' O C"24423"

INSTRUCTIONS: Complete all sections. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____

Legal residence (domicile) on January 1, 4239" _____ aa _____
No. Street City/Town " Zip Code

Rtqr gtv{ "Y ctf"("Rctegn"K <aaa"aaa"/"aaa"aaa"aaa"aaa"aaa"/"aaa"aaa"aaa"

Social Security No. _____ a _____ Marital Status _____

Go cki"kh'cp{ +aa Telephone Number _____ aa _____

Were you 60 years or older on January 1, 4239? Yes No " " " "

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

Did you own the property on January 1, 4239? 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, 4239? 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

FILING 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

C. HOUSEHOLD MEMBERS. List all members of your household on January 1, 2013 and provide requested information. List members who are 18 and older and are not full time students as of 1/1/2013.

	Full Name (First, Middle, Last)	Relationship to Applicant	Date of Birth	Occupation or School Grade	Social Security No. (for verification)
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 2016 that were not paid by or through employer, public or private health insurance or other third party. Includes amounts paid in health insurance copayments, deductibles and other out of pocket expenses. Documentation may be requested to verify expenses entered.

TYPE OF EXPENSE	Total Out of Pocket for Calendar Year 2016
Health insurance premiums	\$ _____
Doctors	\$ _____
Hospitals	\$ _____
Diagnostic tests	\$ _____
Prescription drugs	\$ _____
Medical equipment	\$ _____
Other	\$ _____
TOTAL OUT OF POCKET	\$ _____

E. HOUSEHOLD GROSS INCOME DURING CALENDAR YEAR 2018. List income received from all sources for each member of household 18 and older and part-time student during calendar year 2018. Please list members in same order as shown in Schedule B above. Copies of federal and state income tax returns or verified 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 CALENDAR YEAR 2018.

Does Schedule E above include the gross income of all co-owners of the property as of January 1, 2018? Yes No

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