

COMMONWEALTH OF MASSACHUSETTS

WESTFORD

**FY 26 COMMUNITY PRESERVATION ACT EXEMPTION
APPLICATION**

Low Income Persons - Low or Moderate-Income Seniors
General Laws Chapter 44B

Assessors' Use only
Date Received Application

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(SEE GENERAL LAWS CHAPTER 59, SECTION 60)
MUST BE FILED WITH BOARD OF ASSESSORS
NO LATER THAN APRIL 1ST OF EVERY YEAR

INSTRUCTIONS: Complete all sections that apply. Please print or type.

A. IDENTIFICATION. Complete this section fully

Name of Applicant

Tel. No

Legal Residence (Domicile) on July 1, 2025

Mailing Address (If different)

Location of Property

No. of Dwelling Units

Did you own the property on July 1, 2025?

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 July 1, 2025?

YES

NO

(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? YES NO

If yes, name of city or town _____ Amount exempted \$ _____

Were you 60 years of older as of July 1st, 2025

? YES NO Date of birth: __/__/____

(1st time applicants, attached copy of birth record)

GO TO SECTION B

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, it and all accompanying documents and statements are true, correct and complete.

Applicant Signature

Date

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

GO TO SECTION C

YOU MUST ALSO COMPLETE SCHEDULES C-F ON FOLLOWING PAGES

FILING THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR CPA TAX. TO AVOID INTEREST AND COLLECTION CHARGES, YOU MUST PAY SURCHARGE AS BILLED BY DUE DATE. IF THE EXEMPTION IS GRANTED A REFUND WILL BE MADE.

THIS FORM IS APPROVED BY THE COMMISSIONER OF REVENUE.

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	Date of Birth	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 non full-time student during calendar year before January 1.

Please list members in same order as shown in Schedule C above. **Copies of 2024 Federal Income Tax Returns (1040) are required 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	\$	\$	\$	\$

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

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 1, ____? Yes No *If No, a Schedule C, D and E must be attached for each co-owner not included.*

F. DISPOSITION OF APPLICATION (ASSESSORS USE ONLY)

Age _____

Ownership _____

Occupancy _____

Applicant's Gross Income \$ _____

Co-Owner 1 Gross Income \$ _____

Co-Owner 2 Gross Income \$ _____

Co-Owner 3 Gross Income \$ _____

TOTAL HOUSEHOLD INCOME \$ _____

GRANTED

DENIED

Assessed CPA Surcharge \$ _____

Exempted CPA Surcharge \$ _____

Adjusted CPA Surcharge \$ _____

BOARD OF ASSESSORS

Date voted _____

Date Notified _____

Date Entered in Munis: _____

Cert Number _____