



Date Received: \_\_\_\_\_

THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF SHREWSBURY  
LOW INCOME PERSONS-LOW OR MODERATE INCOME SENIORS  
FISCAL YEAR **2022** APPLICATION FOR  
COMMUNITY PRESERVATION ACT EXEMPTION  
General Laws Chapter 44B

**IDENTIFICATION:**

Marital Status: \_\_\_\_\_ Age on January 1, **2021**: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Legal Residence (Domicile) on January 1, **2021** \_\_\_\_\_

Location of Property \_\_\_\_\_

Did you own the property on January 1, **2021**? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Ys, were you: Sole Owner: \_\_\_\_\_ Co-Owner with Spouse Only: \_\_\_\_\_ Co-Owner with Others: \_\_\_\_\_

Was the property held in trust as of January 1, **2021**? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
(If yes, attach instrument including all schedules)

**INCOME: (please refer to page 4 for income guidelines)**

GROSS INCOME FROM ALL SOURCES IN CALENDAR YEAR **2020** 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	Social Security Number	Date of Birth	Total Annual Income (all sources)
	Applicant			
	Spouse (if filed separate tax return)			

Total Gross Family Income: \$ \_\_\_\_\_

**DEDUCTIONS: Skip this page if your "TOTAL FAMILY GROSS INCOME" from page 1 is already below the income guidelines on page 4**

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 **2020**

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 **2020**? 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)

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

### Exemption Eligibility Requirements:

- The Low/Moderate Income Exemption applies only to Residential property.
- Applicant must own and occupy the property as of January 1, **2021**. 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.
- 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, **2021**.
- Applicant must provide proof of number of dependents.

## Calendar Year **2020** Income Guidelines

Median Income for Shrewsbury - \$98,800

Household Size	Senior (60 or Older) Annual Income Limit	Non-Senior (Under 60) Annual Income Limit
1	\$ 69,160	\$ 55,350
2	\$ 79,040	\$ 63,250
3	\$ 88,920	\$ 71,150
4	\$ 98,800	\$ 79,050
5	\$ 106,704	\$ 85,400
6	\$ 114,608	\$ 91,700
7	\$ 122,512	\$ 98,050
8	\$ 130,416	\$ 104,350

Application Deadline is: April 1, 2022