

THE TOWN OF Duxbury, MASSACHUSETTS

Low Income Persons – Low or Moderate Income Seniors

Fiscal Year 2008 Applications for Community Preservation Act  
Exemptions

General Laws Chapter 44B

<b>Assessors' Use Only</b> Date Received: Application NO.: Parcel ID:
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INSTRUCTIONS: Complete all sections. Please print or type

**A. IDENTIFICATION.** Complete this section fully

Name of Applicant _____ Telephone Number _____
Social Security No. _____ Marital Status _____
Were you 60 years or older on January 1, 2007? Yes _____ No _____
Legal Residence on January 1, 2007 _____ No. Street City/Town Zip code
Mailing Address (if different) _____ No. Street City/Town Zip code
Property Location _____ No. dwelling units: 1__2__3__4__ Other____ No. Street
Did you own the property on January 1, 2007? Yes____ No____ <i>If yes, were you:</i> Sole owner _____ Co-owner with spouse only _____ Co-owner with others _____
Was the property subject to a trust as of January 1, 2007? Yes _____ No____ <i>If yes, please attach trust instrument including all schedules.</i>
Have you been granted any exemption in any other city or town for this fiscal year? Yes____ No____ <i>If yes, name of city or town: _____ Type of exemption:</i>

**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 documentation and statements are true, correct and complete.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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

YOU MUST ALSO COMPLETE SECTIONS 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.

**C. HOUSEHOLD MEMBERS.** List **all** members of your household on January 1, 2007 and provide requested information.

Full Name (First, Middle, Last)	Relationship to Applicant	Date of Birth	Occupation or School grade	Social Security No.
1				
2				
3				
4				
5				
6				
7				
8				

**D. HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES DURING CALENDAR 2006.**

List total medical expenses incurred by all household members during preceding calendar year (2006) that were not paid or reimbursed by 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</b>
Health Insurance Premiums	\$ _____
Doctors	\$ _____
Hospitals	\$ _____
Diagnostic Tests	\$ _____
Prescription Drugs	\$ _____
Medical Equipment	\$ _____
Other	\$ _____
<b>TOTAL OUT OF POCKET</b>	<b>\$ _____</b>

**E. HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR (2006).** List income received from all sources for each member of household who were 18 years or older and not full time students during the preceding calendar year (2006). Please list members in same order as shown in Schedule B above. **Copies of Federal Tax Form 1040 and Massachusetts State Tax Form 1 returns 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				
Rental income				
Net profits from business/ profession				
Capital gains				
Alimony				
Child support				
Public Assistance				
Unemployment compensation				
Disability compensation				
Other (specify)				
TOTAL GROSS INCOME - Members	\$			\$
TOTAL GROSS INCOME - Household				\$

**F. 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, 2007? **YES** \_\_\_ **NO** \_\_\_\_\_. *If no, a Schedule B, C, and E must be attached for each co-owner not included.*