

OFFICE OF
BOARD OF ASSESSORS

Town Hall

100 PECK STREET, SEEKONK, MA 02771

Telephone (508) 336-2980 Fax# (508) 336-0764



Paul K. Buckley, Chairman
William A. Barker, Assessor
Christopher G. Pelletier, Assessor

Theodora Gabriel, Town Assessor
tgabriel@seekonk-ma.gov
website: seekonk-ma.gov

Dear Taxpayer,

Attached you will find an application for the Community Preservation Act Exemption for Low Income Persons and/or Low-Moderate Income Seniors. Definition of the qualifications for this exemption and the basis upon which an application will be approved are attached.

The following documents must accompany your completed application:

1. A complete copy of the 2015 Federal Tax return. Copies of *1099 Forms and copies of W-2 Forms for each owner and household member. *(If you have a Schedule B within your Federal Income Tax return, then copies of the *1099 Forms for Interest and/or Dividends are not necessary). This must be a copy that can be retained by the Assessors' Office. A household member is defined as all occupants on January 1 who were 18 or older and not full time students during the calendar year.
2. If age 60 or older, identification in the form of a driver's license, birth certificate or passport must be provided. (*First year application only*).
3. If property is in a Trust, you will be required to provide a copy of the ENTIRE RECORDED trust document and the Schedule of Beneficiaries. In accordance with Massachusetts Department of Revenue regulations, an applicant who is a Trustee must have beneficial interest in the property Under terms of the trust.

We ask that a completed application along with supporting documentation be returned to the Assessors' Office in person. This will assist us in insuring that the application is complete and also insure it is processed with the utmost confidentiality. Please be advised that incomplete applications and/or insufficient documentation will not be accepted for processing.

If you have any questions, please do not hesitate to contact the Assessors' Office. The office hours are Monday, Tuesday and Thursday 8:30 a.m. to 4:30 p.m., Wednesday 8:30 a.m. to 7:00 p.m. and Friday 8:30 a.m. to 12:00 noon.

Thank you.

ALL INFORMATION SUPPLIED IS CONFIDENTIAL AND PROTECTED FROM PUBLIC DISCLOSURE.

| |
|---------------------|
| Assessors' Use only |
| Date Received |
| Application No. |
| Parcel Id. |

TOWN OF SEEKONK

Name of City or Town

LOW INCOME PERSONS - LOW OR MODERATE INCOME SENIORS
FISCAL YEAR 2017 APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION
General Laws Chapter 44B

[] []
 [] []

Return to: Board of Assessors
 Must be filed with assessors on or before April 3,
 or 3 months after actual (not preliminary) tax
 bills are mailed for fiscal year if later.

INSTRUCTIONS: Complete all sections. 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 _____

_____ No. Street City/Town Zip Code

Mailing address (if different) _____

_____ 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 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 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.

Applicant Name _____ Member 1 Name _____ Member 2 Name _____ Member 3 Name _____

TYPE OF INCOME

| 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 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's 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:

HUD AFFORDABLE HOUSING INCOME LIMITS FOR MASSACHUSETTS

(Moderate Income is 100% of Areawide Median Income; Low income is 80% of Areawide Median Income)

MODERATE INCOME (100%) (60 or Older)

| Areawide Median Income for a Family of Four | HUD LIMIT 72,800 | Moderate Income Limits (Property owned and occupied by a senior 60 or older) Household Size: 1 | Moderate Income Limits (Property owned and occupied by a senior 60 or older) Household Size: 2 | Moderate Income Limits (Property owned and occupied by a senior 60 or older) Household Size: 3 | Moderate Income Limits (Property owned and occupied by a senior 60 or older) Household Size: 4 | Moderate Income Limits (Property owned and occupied by a senior 60 or older) Household Size: 5 | Moderate Income Limits (Property owned and occupied by a senior 60 or older) Household Size: 6 | Moderate Income Limits (Property owned and occupied by a senior 60 or older) Household Size: 7 | Moderate Income Limits (Property owned and occupied by a senior 60 or older) Household Size: 8 |
|---|---------------------|--|--|--|--|--|--|--|--|
| \$72,800.00 | | 51,000 | 58,300 | 65,600 | 72,800 | 78,700 | 84,500 | 90,300 | 96,100 |

LOW INCOME (80%) (Under 60)

| Areawide Median Income for a Family of Four | HUD LIMIT 58,240 | Low Income Limits (Property owned and occupied by a non-senior): Household Size: 1 | Low Income Limits (Property owned and occupied by a non-senior): Household Size: 2 | Low Income Limits (Property owned and occupied by a non-senior): Household Size: 3 | Low Income Limits (Property owned and occupied by a non-senior): Household Size: 4 | Low Income Limits (Property owned and occupied by a non-senior): Household Size: 5 | Low Income Limits (Property owned and occupied by a non-senior): Household Size: 6 | Low Income Limits (Property owned and occupied by a non-senior): Household Size: 7 | Low Income Limits (Property owned and occupied by a non-senior): Household Size: 8 |
|---|---------------------|--|--|--|--|--|--|--|--|
| \$59,500.00 | | 40,800 | 46,600 | 52,450 | 58,240 | 62,950 | 67,600 | 72,250 | 76,900 |