



# Town of Seekonk

## Massachusetts

### Board of Assessors

NELSON ALMEIDA, CHAIRMAN  
JOYCE SOLOMON, VICE CHAIR  
JANET PARKER, CLERK

LYDIA A. CORDEIRO, TOWN ASSESSOR  
ALISON HALABURDA, ASST. TOWN ASSESSOR

July 1, 2025

#### RE: FY'26 CPA (Community Preservation Act) Exemption Application

Dear Property Owner,

Once completed, kindly return your signed application, *along with the required paperwork* to the Assessor's Office as soon as possible. *Applications received by October 31<sup>st</sup>, 2025 and approved by the Board of Assessors will have the exemption applied to the Fiscal Year 2026 Actual Tax Bill.* Please note, the Board of Assessors cannot act upon applications received or post marked after April 1<sup>st</sup>, 2026.

#### Required Documentation:

1. A complete copy of the 2024 Federal Tax return and 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, copies of the \*1099 Forms for Interest and/or Dividends are not necessary). A household member is defined as all occupants 18 or older as of January 1<sup>st</sup> who are not full-time students during the calendar year.
2. For Ages 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, including the Schedule of Beneficiaries to verify that you are a Trustee and have beneficial interest in the property.

Should you have any questions or would like to schedule an appointment for assistance with completing the application, please contact our office at 508-336-2980.

Sincerely,

Seekonk Board of Assessors'

Enclosure: FY'26 CPA Exemption Application

ALL INFORMATION SUPPLIED IS CONFIDENTIAL AND PROTECTED FROM PUBLIC DISCLOSURE.

100 Peck Street, Seekonk, MA 02771

Phone: (508) 336-2980 • Fax: (508) 336-0764 • EMAIL: [lcordeiro@seekonk-ma.gov](mailto:lcordeiro@seekonk-ma.gov)

**TOWN OF SEEKONK**

Name of City or Town

Assessors' Use only

Date Received

Application No.

Parcel Id.

**LOW INCOME PERSONS - LOW OR MODERATE INCOME SENIORS**  
**FISCAL YEAR 2026 APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION**  
**General Laws Chapter 44B**

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION  
 (See General Laws Chapter 44B, § 3 and Chapter 59, § 60)

Return to: Board of Assessors

Must be filed with assessors on or before April 1, or  
 3 months after actual (not preliminary) tax bills are  
 mailed for fiscal year if later.

**Due: April 1, 2026****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, 2025? Yes ☐ No ☐*If yes and first year of application, please attach copy of birth certificate.*

Legal residence (domicile) on January 1, 2025

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, 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 January 1, 2025? 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	\$ _____
<b>TOTAL OUT OF POCKET</b>	<b>\$ _____</b>

**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

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, 2025? 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: