

Office of The Board of Assessors 870 Moraine Street Marshfield, MA 02050 (781) 834-5585

Community Preservation Fund Act Exemption

Eligibility:

- Must own and occupy the property on July 1, 2023.
- Over 60 years of age with annual income not exceeding the following for your size household.

Senior (Age 60+) Household Size	Moderate Income Annual Income Limit
1	\$104,510.00
2	\$119,440.00
3	\$134,370.00
4 +	Please call the Office

• Under 60 years of age with annual income not exceeding the following for your size household.

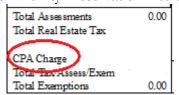
Non-Senior Household Size	Moderate Income Annual Income Limit
1	\$83,608.00
2	\$95,552.00
3	\$107,496.00
4 +	Please call the Office

Documents Required:

- Copy of Birth Certificate to verify age (first time only)
- Copy of a Trust if the Marshfield property is held in a trust on July 1, 2023
- Most recent Income Tax Returns or
 - ✓ Pension Statement(s) for 2022
 - ✓ Social Security Statement(s) 2022
 - ✓ 1099 Form(s), etc.
- Completed and signed application received no later than Monday, April 1st, 2024

Real Estate Tax Exemption Amounts:

100% of the Community Preservation Act Charge. Reflected as CPA Charge on your Real Estate tax bill.



For further information, please contact the Assessors' Office at 781-834-5585.

CP-4	The Commonwealth of Massachusetts	Assessors' Use only
Revised 11/2016		Date Received
_		Application No.
	Name of City or Town	Parcel Id.
	INCOME PERSONS - LOW OR MODERATE INC APPLICATION FOR COMMUNITY PRESE General Laws Chapter 44B	
	THIS APPLICATION IS NOT OPEN TO PUBLIC INSPEC (See General Laws Chapter 44B, § 3 and Chapter 59, §	
	Retu	rn to: Board of Assessors
		rith assessors on or before April 1, or actual (not preliminary) tax bills are l year if later.
INSTRUCTIONS: Compl	ete all sections. Please print or type.	
A. IDENTIFICATION. Co	1 71	
A. IDENTIFICATION. CO	implete this section runy.	
Name of Applicant		
Telephone Number		Status
* *	der on January 1,? Yes No no not No No not No No No not No No No No No No No No No	
	e) on January 1,	
	No. Street	City/Town Zip Code
	No. Street	City/Town Zip Code g units: 1 2 3 4 Other
Did you own the proper	ty on January 1,? Yes 🗌 No 🔲	
<i>If yes, were you</i> : Sole	owner \square Co-owner with spouse only \square	Co-owner with others \Box
1 1 ,	t to a trust as of January 1,? Yes No ust instrument including all schedules.	
	any exemption in any other city or town (MA or other city or town) Type of exempt	
P SIGNATURE Ciara ha	are to complete the application	
This application has been	ere to complete the application. prepared or examined by me. Under the pains and greater and belief, the application and all accompanying	
Signature		Date
If signed by agent, attach	copy of written authorization to sign on behalf of tax	xpayer.

YOU MUST ALSO COMPLETE SCHEDULES C - F ON FOLLOWING PAGES

	Full Name (First, Middle, Last)	Relationship to Applicant	Age as of 1/1	Occupation or School Grade
1		_		
2				
3				
1				
i				
5				

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 <u>last</u>. Documentation may be requested

D. HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES DURING PRECEDING CALENDAR YEAR. List total medical expenses incurred by <u>all</u> household members during calendar year before January 1 that were <u>not</u> 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	\$

	Applicant Name	Member 1 Name	Member 2 Name	Member 3 Name
TYPE OF INCOME			_	
Nages, salaries, other compensation	\$	\$	\$	\$
Social Security				
Other pension/retirement benefits				
nterest/dividends				
Rental income				
Net profits from business or profession				
Capital gains				
Alimony				
Child support				
Public assistance				
Jnemployment compensation				
Disability compensation				
Other (specify):				
TOTAL GROSS INCOME - MEMBERS	\$	\$	\$	\$
TOTAL GROSS INCOME - HOUSEHOLD				\$
ontinue list on attachment, in same format, as necessa	ary.			
. CO-OWNERS' HOUSEHOLD GROSS IN				

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 Incom	
	\$ _
Dependent Deduction	\$ _
Medical Deduction	\$ _
Co-owner 1 CPA Income	\$ _
Co-owner 2 Gross Incom	
	\$ _
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: