



TOWN OF AYER
FISCAL YEAR 2022

ASSESSOR USE ONLY
Parcel I.D. _____
Date Received _____
Tax Bill No. _____

LOW INCOME PERSONS-LOW OR MODERATE INCOME SENIORS
APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION
(See General Laws Chapter 44B, s. 3 and Chapter 59 s. 60)

1. IDENTIFICATION: (Complete all sections fully)

Name of Applicant _____

Mailing Address _____ Tel. No. _____

Marital Status _____

Were you 60 years or older on January 1, 2021? Yes _____ No _____
If yes and first year of application, please attach a copy of birth certificate.

Legal Residence (Domicile) on January 1, 2021 _____

Location of Property _____

Did you own the property on January 1, 2021? Yes _____ No _____

If yes, 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)

2. LIST ALL HOUSEHOLD MEMBERS & ANNUAL INCOME

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, Alimony, Child Support, Rental income, Capital gains, and other.

Name: First, Middle, Last.	Relationship to Applicant	Age as of 1/1/2021	Occupation or School Grade	Annual Total Income (All Sources)
	Applicant			

TOTAL HOUSEHOLD INCOME: \$

4. HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES

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

HEALTH INSURANCE PREMIUMS	\$ _____
HOSPITALS	\$ _____
DOCTORS	\$ _____
DIAGNOSTIC TESTS	\$ _____
PRESCRIPTION DRUGS	\$ _____
MEDICAL EQUIPMENT	\$ _____
OTHER	\$ _____
TOTAL MEDICAL EXPENSES	\$ _____

DID YOU, OR ANY MEMBER OF YOUR FAMILY FILE A FEDERAL INCOME TAX RETURN (S) FOR **CALENDAR YEAR 2020**? YES _____ NO _____ IF YES, A COPY OF PAGE ONE OF THAT RETURN IS REQUIRED FOR ALL FAMILY MEMBERS. (TAX RETURN INFORMATION WILL BE DESTROYED AFTER FINAL DISPOSITION OF THE APPLICATION)

PLEASE NOTE: INFORMATION ON THIS FORM IS NOT SUBJECT TO PUBLIC INSPECTION

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

*** Filing this application does not stay the collection of your surcharge. To avoid interest and collection charges, you must pay surcharge as billed by the due date. If the exemption is granted and the surcharge is paid in full, then a refund will be made. If signed by an agent, attach copy of written authroization to sign on behalf of taxpayer.*

****The deadling for filing the application with the Board of Assessors is 4/1/2022****