

COMMONWEALTH OF MASSACHUSETTS

**FY2026 APPLICATION FOR
COMMUNITY PRESERVATION ACT EXEMPTION**

Low Income Persons / Low or Moderate Income Seniors

Mass. General Laws chapter 44B

ASSESSOR USE ONLY

Date Received:

Other Exemptions: \$

Bill #:

Parcel ID:

Wellesley

MA

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(see Mass General Laws chapter 59, section 60)

INSTRUCTIONS:

**Please review and make any corrections to this form,
sign below and attach your 2024 federal tax returns.****Applications must be received by April 1, 2026.**

A. IDENTIFICATION:

Name of Applicant:

Telephone Number:

Mailing:

Social Security #:

City/Town **Wellesley** State: **MA** Zip:

Marital Status:

Location of Property:

of Dwelling Units:

Were you 60 years or older on January 1, 2025

Did you own the property on January 1, 2025?

Sole Owner ☐ Subject to Trust ☐ Co-Owner with a spouse only ☐ Co-Owner with others ☐

B. SIGNATURES:

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. If signed by agent, attach copy of written authorization to sign on behalf of taxpayers.

Signature_____
Date_____
Signature_____
Date**YOU MUST ALSO COMPLETE ALL SECTIONS ON THE BACK OF THIS PAGE**

Filing this application does not prevent the collection of this surcharge. To avoid interest and collection charges, you must pay the surcharge as billed by the due date. If an exemption is granted and the surcharge is paid in full, you will receive a refund.

C. HOUSEHOLD MEMBERS AND GROSS INCOME DURING THE PRECEDING CALENDAR YEAR:

List all members of your household on January 1, 2025 and provide requested information. List all income (taxable and non-taxable) received from all sources for each member of the household age 18 and older and not a full time student during the calendar year 2024. Enclose copies of 2024 federal and state income tax returns to verify income reported for each household member.

	<u>Member 1</u>	<u>Member 2</u>	<u>Member 3</u>	<u>Member 4</u>
Name:				
Relationship to Applicant:				
Date of Birth:				
Occupation or School Grade:				
<div>TYPE OF INCOME:</div>				
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:				<div>\$</div>

D. HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES DURING PRECEDING CALENDAR YEAR:

List total medical expenses incurred by all household members during calendar year 2024 that were not paid by or reimbursed by an 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.

<div>TYPE OF EXPENSE:</div>	<div>Total out-of-pocket for Preceding Calendar Year (2024)</div>	<div>TYPE OF EXPENSE:</div>	<div>Total out-of-pocket for Preceding Calendar Year (2024)</div>
Health Insurance Premiums:	\$	Doctors:	\$
Diagnostic Tests:	\$	Hospitals:	\$
Prescription Drugs:	\$	Other:	\$
Medical Equipment:	\$	TOTAL OUT OF POCKET MEDICAL EXPENSES:	<div>\$</div>