

Norwood
Name of City or Town

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

LOW INCOME PERSONS - LOW OR MODERATE INCOME SENIORS
FISCAL YEAR 2024 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.

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, _____? Yes No
If yes and first year of application, please attach copy of birth certificate.

Legal residence (domicile) on January 1, _____

No.	Street	City/Town	Zip Code
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Mailing address (if different) _____

No.	Street	City/Town	Zip Code
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Location of property: _____ No. of dwelling units: 1 2 3 4 Other _____

Did you own the property on January 1, _____? 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, _____? 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

G. 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	\$ _____

Are there exemptions to the surcharge?

An application-based full CPA exemption is available to moderate-income seniors and low-income residents, as explained below.

What are the requirements for a CPA exemption?

To qualify for an exemption for 2024 residential property owners must meet:

- Age and residence requirements as of January 1, 2023.
- Income requirements based on 2022 income.

There are two categories of income limits:

- Over 60 years of age with annual income not exceeding the income limit for your size household
- Under 60 years of age with annual income not exceeding the income limit for your size household

HOUSEHOLD SIZE	OVER AGE 60 INCOME LIMIT	UNDER AGE 60 INCOME LIMIT
1	\$104,510	\$83,608
2	\$119,440	\$95,552
3	\$134,370	\$107,496
4	\$149,300	\$119,440
5	\$161,244	\$128,995
6	\$173,188	\$138,550
7	\$185,132	\$148,106
8	\$197,076	\$157,661

How do I apply for an exemption?

An application for exemption from the CPA surcharge must be filed annually with the Assessor's Office. Supporting documentation is required which will help the Board of Assessors make a determination of your eligibility for this exemption. A birth certificate and copies of your 2022 Federal income tax returns must be included with your application. All documentation is NOT open to public inspection and will be kept private.

Note that filing of an application does not relieve the taxpayer from paying the surcharge while the application is being reviewed. If an application is approved, the tax payer will receive a refund of amounts already paid. Calculation of Income Limits (under age 60) based on 2023 HUD AMI (Housing & Urban Development - Area Median Income) of \$149,300 for a family of four.

An application for exemption from the CPA surcharge based on your income must be filed annually with the Assessor's Office. Determination of exemption from the CPA surcharge is based solely on your annual household income; assets are not considered.

If you believe you are eligible for a full exemption, contact the Assessor's Office
 566 Washington Street - (781) 762-1240
 The Assessor's Office is open Monday through Friday, 8:00 AM-4:00 PM

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.

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, ____? Yes No
 If no, a Schedule C, D and E must be attached for each co-owner not included.

