Low/Moderate Income Exemption
COMMUNITY PRESERVATION ACT SURCHARGE

Exemption Eligibility Requirements

1. **Applicant must own the property as of January 1, 2009.** May be (1) sole owner, (2) co-owner, (3) life tenant or (4) trustee with sufficient beneficial interest in property under terms of trust.
2. **Applicant must occupy the property as primary residence as of January 1, 2009.**
3. **Applicant and each co-owner must have household income for the calendar year before January 1, 2009 at or below the limit for that owner's household type and number** (see chart below for specific formula by household type). For property subject to trust, each co-trustee must meet income standard.

Calculation of Each Owner's Household Income

1. **Household annual gross income from all sources.**

   Includes wages, salaries and bonuses, public and private pensions, retirement income, Social Security, alimony, child support, interest and dividend income, net income from business, public assistance, disability and unemployment insurance, regular contributions/gifts from party outside of the household.

   Includes income of all household members who were 18 or older and not full time students during calendar year.
2. **Deduct Dependents Allowance.**

   Number of dependents on January 1, 2008 (not spouse) x $ 300. (Established by the State Department of Housing and Community Development, 760 Code of Massachusetts Regulation 6.05(4).
3. **Deduct Medical Expenses Exclusion.**

   Total out of pocket medical expenses of all household members for calendar year preceding January 1, 2008 (total must exceed 3% of household annual gross income in order to be deducted).

   Out of pocket medical expenses include health insurance premiums, payments to doctors, hospitals and other health care providers, diagnostic tests, prescription drugs, medical equipment or other expenses not paid or reimbursed by employers, public/private insurers or other third parties.
4. **Equals Household Annual Income for CPA Exemption**

   Cannot exceed ***Annual Income Limit for Household Type and Size*** (see below)
   The Annual Income Limit is based on the Area Wide Medium Income (AWMI) set by the U.S. Department of Housing and Urban Development (HUD).

Household Size	Senior Household (60+) of Median Income	Non-Senior Households of Median Income
1 Person	$63,100	$46,300
2 Persons	$72,200	$52,950
3 Persons	$81,200	$59,550
4 Persons	$90,200	$66,150
5 Persons	$97,400	$71,450
6 Persons	$104,600	$76,750
7 Persons	$111,800	$82,050
8 Persons	$119,100	$87,350

THE CITY OF CAMBRIDGE, MASSACHUSETTS

Low Income Persons – Low or Moderate Income Seniors

Fiscal Year 2010 Applications for Community Preservation Act Exemptions

General Laws Chapter 44B

Assessors' Use Only
Date Received:
Application NO.:
Parcel ID:

INSTRUCTIONS: Complete all sections. Please print or type

A. IDENTIFICATION. Complete this section fully

Name of Applicant _____Telephone Number _____

Social Security No. _____ Marital Status _____

Were you 60 years or older on January 1, 2009? Yes _____ No _____

Legal Residence on January 1, 2009

_____

No. Street City/Town Zip code

Mailing Address (if different)

_____

No. Street City/Town Zip code

Property Location _____ No. dwelling units: 1__2__3__4__ Other____

No. Street

Did you own the property on January 1, 2009? 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, 2009? Yes ____ No____

If yes, please attach trust instrument including all schedules.

Have you been granted any exemption in any other city or town 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 documentation and statements are true, correct and complete.

_____

SIGNATURE DATE

If signed by agent, attach copy of written authorization on behalf of taxpayer.

YOU MUST ALSO COMPLETE SECTIONS 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.

C. HOUSEHOLD MEMBERS. List **all** members of your household on January 1, 2009 and provide requested information.

Full Name (First, Middle, Last)	Relationship to Applicant	Date of Birth	Occupation or School grade	Social Security No.
1				
2				
3				
4				
5				
6				
7				
8				

D. HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES DURING CALENDAR 2008.

List total medical expenses incurred by all household members during preceding calendar year (2008) that were not paid or reimbursed by 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.

Type Of Expense	Total Out of Pocket
Health Insurance Premiums	$ _____
Doctors	$ _____
Hospitals	$ _____
Diagnostic Tests	$ _____
Prescription Drugs	$ _____
Medical Equipment	$ _____
Other	$ _____
TOTAL OUT OF POCKET	$ _____

E. HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR (2008). List income received from all sources for each member of household who were 18 years or older and not full time students during the preceding calendar year (2008). Please list members in same order as shown in Schedule B above. **Copies of Federal Tax Form 1040 and Massachusetts State Tax Form 1 returns will be required 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				
Rental income				
Net profits from business/ profession				
Capital gains				
Alimony				
Child support				
Public Assistance				
Unemployment compensation				
Disability compensation				
Other (specify)				
TOTAL GROSS INCOME - Members	$			$
TOTAL GROSS INCOME - Household				$

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, 2009? **YES___ NO ____.** *If no, a Schedule B, C, and E must be attached for each co-owner not included.*