

Lexington

Name of City or Town

Assessors' Use Only

Date Received
Application No.
Parcel Id.

**LOW INCOME PERSONS - LOW OR MODERATE INCOME SENIORS
FISCAL YEAR 2016 APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION
General Laws Chapter 44B**

Return to: Board of Assessors

**Within 3 months after Actual
(Not Preliminary) tax bills are mailed
for the fiscal year.**

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, 2015? Yes No

If yes and first year of application, please attach copy of birth certificate.

Legal residence (domicile) on January 1, 2015 _____
No. Street City/Town Zip Code

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

Location of property: _____ No. of dwelling units: 1 2 3 4 Other _____

Did you own the property on January 1, 2015? 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, 2015? 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 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.