TOWN OF HOPKINTON – FISCAL YEAR 2023 APPLICATION FOR MEANS-TESTED SENIOR TAX EXEMPTION

GENERAL COURT OF THE COMMONWEALTH OF MASSACHUSETTS

CHAPTER 234 OF THE ACTS OF 2018

EXEMPTION CREDIT: UP TO DOUBLE THE AMOUNT OF THE CIRCUIT BREAKER CREDIT RECEIVED THE PREVIOUS YEAR

DETERMINED BY BOARD OF SELECTMEN AND DEPENDENT ON NUMBER OF APPLICANTS

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

REQUIREMENTS

AGE: 65 OR OLDER (CO-OWNER MUST BE 60 OR OLDER)

RESIDENT: Must have been a resident of Hopkinton for ten (10) consecutive years

INCOME: Must meet the State Circuit Breaker Limits (Single \$62,000, Head of Household \$78,000, Joint \$93,000)

HOMEOWNER'S PRINCIPAL RESIDENCE ASSESSMENT NOT TO EXCEED \$884,000

Assets: Maximum of \$250,000 excluding principal residence

DOCUMENTATION NEEDED

PROOF OF AGE (BIRTH CERTIFICATE, LICENSE OR NOTARIZED STATEMENT)

COMPLETE COPY OF 2021 FEDERAL INCOME TAX RETURN, IF FILED

COMPLETE COPY OF 2021 STATE INCOME TAX RETURN

SCHEDULE CB

List and Verification of Assets (All account statements, assessed value of other real estate owned, etc.)

Completed Application

Trust Documentation with all Schedules, if applicable

APPLICATION DEADLINE – AUGUST 31, 2022



1. Name of Applicant(s):

TOWN OF HOPKINTON – FISCAL YEAR 2023 APPLICATION FOR MEANS-TESTED SENIOR TAX EXEMPTION

FORM APPROVED BY THE HOPKINTON BOARD OF ASSESSORS

In order to be eligible for this exemption, the following requirements MUST be met:

- 1. You, or at least one joint applicant, must have owned and occupied a home in Hopkinton as your principal residence for the last ten (10) consecutive years.
- 2. You must have filed a 2021 Massachusetts State Tax Form Schedule CB (Circuit Breaker) and received the credit.
- 3. Primary applicant is 65 and any joint applicant is 60 by December 31, 2021.

THIS APPLICATION MUST BE RECEIVED IN THE ASSESSORS' OFFICE BY AUGUST 31, 2022.

Incomplete applications or those missing supporting documentation will not be processed. Please provide all of the requested information.

	Address:		
	City/Town:	State:	Zip:
	Iome Phone: Cell/Work Phone:		one:
	Email Address:		
2.	Applicant Date of Birth:	Joint Applicant Date of Birth:	
	Valid Massachusetts ID:	Valid Massachusetts ID:	
3.	Assessed Value of Principal Residence (Fig	ence (Fiscal 2021): No. of Units:	
4.	Date you purchased the property:		
	If less than 10 years ago, prior address:		
5.	Is property subject to a trust? If yes, please attach trust document and all schedules.		
6.	Do you own any other real estate? If yes, please provide address:		
Signatı	ibed this day of ure of Applicant: filing of this application does not stay the c		
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		BOARD OF ASSESSORS ACTION	•
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