

Please fill out only if you wish to get an exemption on Community Preservation Act

CP-4
7/2009

The Commonwealth of Massachusetts

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

PEMBROKE

Name of City or Town

LOW INCOME PERSONS - LOW OR MODERATE INCOME SENIORS
FISCAL YEAR 2017 APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION
General Laws Chapter 44B

Return to: Board of Assessors
100 Center Street
Pembroke, MA 02359

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, 2016? Yes No

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

Legal residence (domicile) on January 1, 2016

_____ 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, 2016? 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, 2016? 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 _____

Are you filing for any other Real Estate Exemptions in Pembroke for FY17? Yes _____ No _____

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.

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