

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 2016 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, <u>2015</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes and first year of application, please attach copy of birth certificate.</i>			
Legal residence (domicile) on January 1, <u>2015</u> _____			
Mailing address (if different) _____		No. Street	City/Town Zip Code
Location of property: _____		No. Street	City/Town Zip Code
No. of dwelling units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____			
Did you own the property on January 1, <u>2015</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, were you:</i> Sole owner <input type="checkbox"/> Co-owner with spouse only <input type="checkbox"/> Co-owner with others <input type="checkbox"/>			
Was the property subject to a trust as of January 1, <u>2015</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, please attach trust instrument including all schedules.</i>			
Have you been granted any exemption in any other city or town (MA or other) for this fiscal year? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, name of city or town _____ Type of exemption _____</i>			

Are you filing for any other Real Estate Exemptions in Pembroke for FY 2016? 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 _____
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If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.