

**FY 2024 MEANS TESTED SENIOR EXEMPTION
TOWN OF HARVARD**

APPLICATION FOR EXEMPTION

General Court of the Commonwealth of Massachusetts Chapter 412 of the Acts of 2018

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

Requirements

Age: 65 or older (co-owner(s) must be 60 or older) on or before
December 31, 2022

Resident: At least one owner must have been a resident of Harvard for
10 consecutive years before filing

Income: Must meet the State Circuit Breaker Limits
(pursuant to M.G.L. Ch. 62, Sec. 6 (k)) for 2022
(Single \$64,000, Head of Household \$80,000, Joint \$96,000)

Homeowners Principal Residence, as defined under the Circuit Breaker
Statute, not to exceed \$912,000 for FY 2023

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

Documentation Needed

Proof of Age

Copy of your 2022 Federal Income Tax return

Copy of your 2022 State Income Tax return

Schedule CB if not part of your return

Completed Application

Trust Documentation if the residence is held in trust

Application Deadline - September 5, 2023

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OWNER/APPLICANT SECTION

- A. Name of Assessed Owner(s): _____
- B. Date of Birth: ____/____/____ Marital Status: _____ Phone: _____
- C. Legal Residence (Domicile): _____
- D. Mailing Address if Different: _____
- E. Did you own the property identified in Sec. C above on January 1, 2023? _____
- F. If yes, were you: Sole Owner _____ Co-owner with spouse _____ Co-owner with other(s) _____
- G. Was the title to the property held in a trust as of January 1, 2023? _____ If yes, please attach all trust instruments including schedules.

CO-OWNER AGE ELIGIBILITY & RESIDENCY SECTION

- H. Were all co-owners at least 60 years of age on or before December 31, 2022? _____
- If yes, please state the full name and date of birth for all co-owners:
- Co-owner 1 Name: _____ D.O.B. ____/____/____
- Co-owner 2 Name: _____ D.O.B. ____/____/____
- Co-owner 3 Name: _____ D.O.B. ____/____/____
- I. Number of consecutive years lived in Harvard (highest of all co-owners): _____

REQUIRED DOCUMENTATION

- J. The following documentation is required as part of your application and must be submitted by the application deadline:
- **Copy of 2022 Federal Income Tax 1040,1040 A,1040 EZ, etc.**
 - **Copy of 2022 State Income tax Return**
 - **2022 Schedule CB Circuit Breaker (if not part of your State return)**
 - **Trust documentation (if applicable, see Sec. G above)**

Please note: Even if you did not file a Massachusetts State Income Tax Return, you must complete, execute and submit a 2022 Schedule CB Circuit Breaker form.

ASSETS/VALUE OF PROPERTY OWNED

K. Real Estate

	<u>Assessed Value FY 2023</u>	<u>Amount due on Mortgage(s)</u>
Homeowners Principal Address:	\$ _____	\$ _____

Other Real Estate Address(es), located in ANY jurisdiction:

	\$ _____	\$ _____
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Income Based on Circuit Breaker Worksheet:	\$ _____
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L. Personal Assets

Bank Accounts:	Checking:	\$ _____
	Savings:	\$ _____
	CD(s):	\$ _____

Stocks, Bonds, Securities (Combined):	\$ _____
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IRAs, Roth IRA, 401k, Retirement Accounts (Combined):	\$ _____
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Fine Arts (Value):	\$ _____
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Whole Life Insurance Policy:	\$ _____
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Car(s), Boat(s), Motor Home, Trailer	\$ _____
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Total Assets:	\$ _____
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Maximum Assets excluding principal residence cannot exceed \$250,000

DEBTS/LIABILITIES

M. Please describe (be specific) your debts other than the mortgages listed above, if any:

	Amount
	\$ _____
	\$ _____

SIGNATURE ON NEXT PAGE

SIGNATURES

N. **BY SIGNING BELOW I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED IN THIS APPLICATION AND ALL ACCOMPANYING DOCUMENTS AND STATEMENTS ARE TRUE, ACCURATE AND COMPLETE.** If signed by agent, attach a copy of written authorization to sign on behalf of taxpayer. By the execution hereof, any such agent represents to the best of his/her knowledge after due inquiry, that the information contained in this application and all accompanying documents and statements are true, accurate and complete.

Signature

Date

Signature

Date