

# FY 2026 CIRCUIT BREAKER EXEMPTION

## TOWN OF ACTON

**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 Acton for 10 years
- Income: Must meet the State Circuit Breaker Limits  
(Single \$72,000, Head of Household \$91,000, Joint \$109,000)
- Homeowners Principal Residence not to exceed \$1,172,000

### **Documentation Needed**

- Proof of Age
- Copy of your 2024 Federal Income Tax Return
- Copy of your 2024 State Income Tax Return
- Schedule CB if not part of your return
- Completed Application
- Trust Documentation (only required if the residence is held in trust)

Application Deadline – April 1, 2026

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### OWNER/APPLICANT SECTION

A. Name of Assessed Owner(s): \_\_\_\_\_

B. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_\_\_ Phone: \_\_\_\_\_

C. Legal Residence: \_\_\_\_\_

D. Mailing Address if Different: \_\_\_\_\_

E. Did you own the property identified in Sec. C above on December 31, 2024? \_\_\_\_\_

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 December 31, 2024? \_\_\_\_\_ 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, 2024? \_\_\_\_\_

I. 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. \_\_\_\_/\_\_\_\_/\_\_\_\_

J. Number of Years in Acton \_\_\_\_\_

### **REQUIRED DOCUMENTATION**

K. The following documentation is required as part of your application and must be submitted by the application deadline:

- **Copy of 2024 Federal Income Tax 1040, 1040 A, 1040 EZ, etc.**
- **Copy of 2024 State Income tax Return**
- **2024 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 Schedule CB Circuit Breaker 2024.**

**ASSETS/VALUE OF PROPERTY OWNED**

L. **Real Estate**

	<b><u>Assessed Value FY 2025</u></b>	<b><u>Amount due on Mortgage(s)</u></b>
Homeowners Principal Address:	\$ _____	\$ _____
Other Real Estate Address(es):	\$ _____	\$ _____
Income Based on Circuit Breaker Worksheet:		\$ _____

M. **Personal Assets**

<b>Bank Accounts:</b>	Checking: \$ _____
	Savings: \$ _____
	CD(s): \$ _____
Stocks, Bonds, Securities (Combined):	\$ _____
IRAs, Roth IRA, 401K, Retirement Accounts (Combined):	\$ _____
Fine Arts (Value):	\$ _____
Whole Life Insurance Policy:	\$ _____
Car(s), Boat(s), Motor Home, Trailer	\$ _____
<b>Total Assets:</b>	<b>\$ _____</b>

**DEBTS/LIABILITIES**

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

	Amount
_____	\$ _____
_____	\$ _____

**SIGNATURE ON REVERSE**

### **SIGNATURES**

O. **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.

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Signature

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Date

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Signature

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Date

