

## COMMONWEALTH OF MASSACHUSETTS

## TOWN OF SUNDERLAND

**61A**

FISCAL YEAR 20\_\_

**AGRICULTURAL OR HORTICULTURAL LAND CLASSIFICATION**  
**GENERAL LAWS CHAPTER 61A§6**

INSTRUCTIONS: Complete all sections that apply. Please print or type.

**CONTACT PERSON****TELEPHONE # AND EMAIL**1. **IDENTIFICATION** Complete this section fully.

Name of applicant(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

2. **Property Covered by Application:** Please List the information for up to 5 lots in the grid below.

Map -Block- Lot	Location		712	713	714	710	715 717	720	716 718
			Vegetables Tobacco Sod Nursery	Dairy, Forage Crops, Field Crops, Cover Crop	Orchards, Vineyards, Blueberries	Cranberries	Christmas Trees, Productive Woodland	Contiguous Non- productive Land	Permanent Pasture, Necessary Related Land,
		Acres on Record							
		Acres on Record							
		Acres on Record							
		Acres on Record							
		Acres on Record							

3. **STATEMENT OF FARM INCOME IN PRECEDING YEAR.** Supporting documentation, including copies of your federal and state income tax returns, may be requested to verify your income.

A. Gross Sales from Agricultural or Horticultural Use

\$ \_\_\_\_\_

B. Amount Received Under MA or US Soil Conservation or Pollution Abatement Program

\$ \_\_\_\_\_

\$ \_\_\_\_\_ **Total**

Provide a detailed description of the source of the farm income listed above.

4. **PREVIOUS USE OF LAND.** Was the land valued, assessed and taxed as classified agricultural or horticultural land under Ch. 61A for the prior two fiscal years? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, was the use of the land during the prior 2 fiscal years the same as the current use described above?

Yes ☐ No ☐

If no, describe in detail the use of the land during the prior 2 fiscal years.

\_\_\_\_\_

If no, was your farm income during either of the prior 2 fiscal years less than the amount reported above?

Yes ☐ No ☐

If yes, list the income for that year \$ \_\_\_\_\_ Fiscal Year \_\_\_\_\_

5. **LESSEE CERTIFICATION.** If any portion of the property is leased, the following statement must be signed by each lessee. I hereby certify that the property I lease is being used as described in this application and that I intend to use the property in that manner during the period to which this application applies.

<u>Lessee</u>	<u>Date</u>

6. **SIGNATURE.** Owners must 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, it and all accompanying documents and statements are true, correct and complete.

I also certify that I have received a copy of the Property Owner's Acknowledgement of Rights and Obligations under the Classified Agricultural and Horticultural Land Program as part of this application and that I have read and I understand it.

Owner	Date

\*If signed by agent, attach copy of written authorization to sign on behalf of taxpayer

DISPOSITION OF APPLICATION (FOR ASSESSORS' USE ONLY)			
<input type="checkbox"/> OWNERSHIP  <input type="checkbox"/> MINIMUM ACRES  <input type="checkbox"/> USE/CONDITION  <input type="checkbox"/> GROSS SALES	<input type="checkbox"/> ALL	GRANTED	DATE VOTED/DEEMED
	<input type="checkbox"/> PART		DATE NOTICE SENT
	<input type="checkbox"/> DEEMED		BOARD OF ASSESSORS
	<input type="checkbox"/> ALL	DENIED	
	<input type="checkbox"/> PART		
	<input type="checkbox"/> DEEMED		
			DATE