



61A

COMMONWEALTH OF MASSACHUSETTS  
TOWN OF HAMPDEN  
FISCAL YEAR \_\_\_\_\_  
AGRICULTURAL OR HORTICULTURAL LAND CLASSIFICATION  
GENERAL LAWS CHAPTER 61A SECTION 6

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

\_\_\_\_\_  
CONTACT PERSON

\_\_\_\_\_  
TELEPHONE #

**1. IDENTIFICATION** Complete this section fully

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

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

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

*# of Acres*

Map + Lot	Location	# of Acres							
		Total Acres	Excluded Acres	Veggies Tobacco Sod Nursery	Dairy Forage Crops, Field Crops	Orchards Vineyard	Xmas Trees, Productive Woodland (must have a FMP)	Contiguous Non- Productive Land	Permanent Pasture, Necessary Related Land
1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Acres on Record								
	Corrections								
	Acres on Record								
	Corrections								
	Acres on Record								
	Corrections								
	Acres on Record								
	Corrections								
	Acres on Record								
	Corrections								

**3. STATEMENT OF FARM INCOME IN PRECEDING YEAR.** Supporting documentation, including copies of 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 Chapter 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? Y \_\_\_\_\_ N \_\_\_\_\_

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.

Lessee

Date

6. **SIGNATURE.** *ALL* 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 Owners Acknowledgement of Rights and Obligations (Rev. 07/2023) under the Classified Agricultural and Horticultural Land Program as part of this application and that I have read and I understand it.**

Owner(s)

Date

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

DISPOSITION OF APPLICATION (FOR ASSESSORS' USE ONLY)

_____ OWNERSHIP	_____ ALL	DATE VOTED/DEEMED _____
_____ MINIMUM ACRES	_____ PART	DATE NOTICE SENT _____
_____ USE/CONDITION	_____ DEEMED	
_____ GROSS SALES		<b>BOARD OF ASSESSORS</b>
		_____
_____ GRANTED		_____
_____ DENIED		_____
		DATE _____

NOTES: 2-3-1 is p/o 2-3-0 where cell tower is located. Identified separately for ease of locating cell tower.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_