

TAX BILL NO. _____

**RESIDENTIAL EXEMPTION
THE COMMONWEALTH OF MASSACHUSETTS**

Fiscal

Do not write in this space
Date application received:

NAME OF CITY OR TOWN _____

**APPLICATION FOR RESIDENTIAL EXEMPTION
MUST BE FILED WITHIN 3 MONTHS AFTER THE DATE THE TAX BILL WAS SENT.**

The undersigned being aggrieved by the failure to receive a residential exemption on real estate situated at _____ for fiscal year _____
NO. STREET
hereby applies for such an exemption.

STATEMENT OF FACTS

Name(s) of record owner(s) _____

Name of applicant _____

Was this real estate owned and occupied by you as your principal residence on January 1, _____?
YES _____ NO _____

Date Acquired: _____ How Acquired: _____
BY PURCHASE, INHERITANCE, FORECLOSURE, GIFT, ETC.

List location of any other residential real estate owned by you.

Have you ever received a residential exemption in any other city or town? If so, give the address of the property and the year(s) in which the exemption was received. _____

Will you receive or have you applied for a residential exemption in any other city or town for the fiscal year to which this application relates? _____ If so, give the name of the city or town and the address of the property to which the exemption relates.

Signing this form under the penalties of perjury has the legal effect of swearing under oath to the truthfulness of the information contained herein: All items on this form must be completed. In addition to other sanctions provided by law, intentional misrepresentation of facts in this application may result in cancellation of this exemption.

SUBSCRIBED THIS _____ day of _____, _____ UNDER THE PENALTIES OF PERJURY
Signature of Applicant _____
Post Office Address _____

FOR ASSESSORS' RECORDS

Notice Sent _____ for hearing _____ Hearing held _____ with _____
DATE DATE DATE NAME

Exemption _____ in previous year \$ _____ Page _____ Line _____
ALLOWED OR DISALLOWED

EXEMPTION DISALLOWED _____ REASON _____

EXEMPTION ALLOWED _____ ON THE TOTAL VALUATION OF \$ _____ under General Laws,
TO THE EXTENT OF \$ _____

Chapter 59, S. 5C

BOARD OF ASSESSORS
Date _____, _____ OF _____

G.L. Ch. 59, Sec. 5C
Certificate No. _____

FISCAL

APPLICANT

ADDRESS

LOCATION OF PROPERTY

NAME OF CITY OR TOWN
WARD _____ LINE _____
PRECINCT _____ PAGE _____
ACCOUNT NUMBER _____

THE COMMONWEALTH OF MASSACHUSETTS
APPLICATION
RESIDENTIAL EXEMPTION
FROM REAL ESTATE TAX