

Tax Bill No. _____

RESIDENTIAL EXEMPTION

Date application received: _____

COMMONWEALTH OF MASSACHUSETTS

Fiscal 20____

Name of City or TownAPPLICATION FOR RESIDENTIAL EXEMPTION
MUST BE FILED WITHIN 3 MONTHS AFTER THE DATE THE TAX BILL WAS SENT.

The undersigned being aggrieved by failure to receive a residential exemption on real estate

situated at _____ for fiscal year 20_____

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, 20____?

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 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 _____, 20____ UNDER THE PENALTIES OF PERJURY.

Signature of Applicant _____

Post Office Address _____

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAX.