

RESIDENTIAL EXEMPTION

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF BROOKLINE

**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:

Street Number	Street Address	Unit Number
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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 _____

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

FOR ASSESSORS RECORDS

**NOTICE
SENT** _____

EXEMPTION _____
ALLOWED OR DISALLOWED

AMT _____

EXEMPTION DISALLOWED _____
REASON

CHAPTER 59 SECTION 5C

BOARD OF ASSESSORS OF BROOKLINE

DATE: _____