

**RESIDENTIAL EXEMPTION**

**THE COMMONWEALTH OF MASSACHUSETTS**

**TOWN OF BROOKLINE**

**APPLICATION FOR RESIDENTIAL EXEMPTION  
MUST BE FILED BY APRIL 1 OR 3 MONTHS AFTER THE MAILING OF THE ACTUAL  
TAX BILL, IF LATER.**

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: \_\_\_\_\_