

Sec. 5C

TAX BILL NO. _____

**CITY OF CAMBRIDGE
FY 2020
RESIDENTIAL EXEMPTION**

Must own and occupy their property as their principal residence on January 1, 2019

Application for the Residential Exemption must be filed on or before April 1, 2020

Whether or not you inherited a residential exemption from the previous owner of your property you must qualify on your own in order to continue to receive the exemption, please complete the questionnaire to determine your eligibility for Cambridge residential exemption.

Property Location : _____

STATEMENT OF FACTS

Names(s) of record owner(s): _____

Applicant's Name: _____

Telephone No. _____

Was this real estate owned and occupied by you as your principal residence on January 1, 2019

YES NO You are not eligible for Residential Exemption

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

List location (street/city/state) 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.

Location: _____ Years: _____

Will you receive or have you applied for a residential exemption in any other city or town for the fiscal year 2019 to which this application relates? YES NO

If yes, give the name of the city or town and the address of the property to which the exemption relates.

Is the Cambridge property held in trust? YES NO
If yes, please attach a copy of recorded Trust or Trustee's certificate and Schedule of Beneficiaries.

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.

THIS _____ day of _____, 20____ UNDER THE PENALTIES OF PERJURY.

Signature of Applicant: _____

2018 Massachusetts State Tax Form 1 return will be required to verify residency

Please mail the application back to:

City of Cambridge, Board of Assessors, 795 Massachusetts Ave. Cambridge, MA 02139

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

Chapter 59, S. 5C

Date _____, 20____ BOARD OF ASSESSRS OF CAMBRIDGE

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

FISCAL 20____

APPLICATION _____

ADDRESS _____

LOCATION OF PROPERTY _____

CAMBRIDGE

NAME OF CITY OR TOWN _____

WARD _____ LINE _____

PRECINCT _____ PAGE _____

ACCOUNT NUMBER _____

THE COMMONWEALTH OF MASSACHUSETTS

APPLICATION
RESIDENTIAL EXEMPTION
FROM REAL ESTATE TAX