STATE TAX FORM 128-5C
G.L. Ch. 59, Sec. 5C
TAX BILL NO. ______

CITY OF CAMBRIDGE
FY 2021
RESIDENTIAL EXEMPTION
Must own and occupy their property as their principal residence on January 1, 2020

Application for the Residential Exemption must be filed on or before
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: _____________________________________________________________________

Was this real estate owned and occupied by you as your principal residence on January 1, 2020

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: _______________________________________________________________________

2019 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 ASSESSORS OF CAMBRIDGE

G.L. Cl. 59, S. 5C
Certificate No.
FISCAL 20__

CAMBRIDGE
LOCATION OF REAL ESTATE
NAME OF CITY OR TOWN
LINE PAGE
ACCOUNT NUMBER

THE COMMONWEALTH OF MASSACHUSETTS
APPLICATION
RESIDENTIAL EXEMPTION FROM REAL ESTATE TAX