

**RESIDENTIAL EXEMPTION
THE COMMONWEALTH OF MASSACHUSETTS**

City of Malden-Board of Assessors, 200 Pleasant Street, Malden, Massachusetts 02148
NAME OF CITY OR TOWN

**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: _____ for fiscal year: _____ hereby applies for such an exemption. Home Phone: _____ Work Phone: _____

STATEMENT OF FACTS

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

Name of applicant: _____

Was the 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)

Do you own or partially own any other real estate? YES _____ NO _____ If yes, please list address

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 years 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: _____

Mailing Address: _____

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

(OVER)

APPLICATION FOR
RESIDENTIAL EXEMPTION
FROM REAL ESTATE TAX
CITY OF MALDEN
THE COMMONWEALTH OF MASSACHUSETTS
(back page)

FOR ASSESSORS' RECORDS

Notice _____ Hearing _____
Sent ____/____/____ for hearing: ____/____/____ held: ____/____/____ with: _____

Exemption: _____ in previous year \$ _____ Page: _____ Line: _____
(ALLOWED OR DISALLOWED)

EXEMPTION DISALLOWED: _____

EXEMPTION ALLOWED _____ (REASON)
TO THE EXTENT OF \$ _____ ON THE TOTAL
VALUATION OF \$ _____

Under General Laws, Chapter 59, §. 5C

_____.

_____. BOARD OF ASSESSORS

Date: ____/____/____ _____ of the City of Malden