

FISCAL YEAR 2024
RESIDENTIAL EXEMPTION
COMMONWEALTH OF MASSACHUSETTS
WELLFLEET

All information on this form must be completed in full and required documentation must be attached in order for the application to be considered complete. Under statute, the application for residential exemption must be filed no later than April 1, 2024.

STATEMENT OF FACTS

Property Address \_\_\_\_\_

1) Name(s) of record owner(s) \_\_\_\_\_

2) Name of Applicant(s) \_\_\_\_\_

3) Was parcel owned and occupied by you as your principal residence as of January 1, 2023? YES \_\_\_ NO \_\_\_

NOTE: If no, then you do not qualify for the exemption.

4) Attach a copy of the 1st 2 pages of your 2022 or 2023 MA Income Tax Return, driver's licenses & vehicle registrations showing the above street address.

- If the return shows a PO Box, you may be required to produce additional documentation linking you to your street address in order to prove domicile.
If you weren't required to file a tax return in 2022, submit a short explanation why and include any pertinent documentation such as a Social Security statement or other proof of residency.
Properties in a Trust must provide a copy of recorded Trust or Trustee's certificate stating you are a Trustee and have a beneficial interest in the Trust and/or include a Schedule of Beneficiaries.

5) List the location and type of any other residential real estate owned by you: \_\_\_\_\_

6) Have you received or applied for any other residential exemption and/or homestead exemption in any other state, city or town in this fiscal year (7/1/22 to 6/30/23)? \_\_\_ NO \_\_\_ YES If yes, what city/state? \_\_\_\_\_

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 as indicated. In addition to other sanctions provided by law, intentional misrepresentation of facts in this application may result in cancellation of this exemption and the subsequent issuance of an omitted bill for the exempted value involved for the current fiscal year.

7) Signature of Applicant: \_\_\_\_\_

8) Mailing Address (if different than property location): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ASSESSOR'S USE ONLY

GRANTED: \_\_\_\_\_ DENIED: \_\_\_\_\_ NO ACTION: \_\_\_\_\_ DATE: \_\_\_\_\_