

**RESIDENTIAL EXEMPTION
THE COMMONWEALTH OF MASSACHUSETTS**

CITY OF CAMBRIDGE

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:

No. _____ Street _____ for fiscal year _____ hereby applies for an exemption.

STATEMENT OF FACTS

Names(s) of record owner(s)

Name of applicant

Was this real estate owned and occupied by you as your principal residence on January 1, 2006?

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? YES NO

If yes, 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 _____, 20____ UNDER THE PENALTIES OF PERJURY.

Signature of Applicant _____

Post Office Address _____