

APP



City of Boston Assessing Department

FY APPLICATION FOR ABATEMENT OF REAL ESTATE TAX

Mass. General Laws Ch. 59, § 59

Where to File: Assessing Department, Room 301
One City Hall Square, Boston, MA 02201-1050
Filing Deadline: No later than , .

PLEASE INCLUDE YOUR WARD AND PARCEL NUMBER ON EACH AND EVERY PAGE OF EACH DOCUMENT AND ATTACHMENT THAT YOU SUBMIT WITH THIS FORM.

SHORT FORM

Property Identification:

Parcel Number: _____ Bill No.: _____ Class: _____
(Land use)
Assessed Owner (as of 1/1/): _____
*Applicant (if not assessed owner): _____
Total Full Valuation: _____
Location: _____ Zip Code: _____
Street Number and Street Name

Reason for Abatement:

Overvaluation / Improper Classification / Disproportion

(Complete attached Information Requisition Form)

NOTE: Upon filing this application for abatement, you will be required to complete an **Information Requisition Form** (attached) providing more detailed information about the assessed property (Mass. General Laws Ch. 59 § 61A). The failure to provide the information requested on the form **within thirty days of filing your abatement application** may result in the loss of your right to appeal the tax assessed.

Statutory Exemption:

You must complete a **Statutory Exemption Information Requisition** available at Room 301, City Hall. Do NOT complete the standard Information Requisition.

DATE STAMP Here

Authorization: (Complete and Sign below)

STATEMENT OF APPLICANT:

I am aggrieved by the real estate tax assessment of the real estate parcel described above, and hereby apply for abatement. I **also hereby authorize the representative (if any) whose signature appears at right to act on my behalf relative to this application.** I also hereby accept, as of the date of this filing, the attached form requesting additional information in compliance with Chapter 59, Section 61A.

Signature of Applicant/Assessed Owner _____ Date (m/d/yy) _____

Applicant's Name (Last Name) _____ (First Name) _____

Number and Street (Mailing Address) _____

City _____ State _____ Zip Code _____

Phone: Day _____ Cell: _____

Email Address: _____

* Applicant means: Person other than assessed owner such as executor, or trustee, or tenant paying more than 50% of taxes, or subsequent owner, or mortgagee in possession. Must complete "applicant's standing section" on Information Requisition.

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

STATEMENT OF REPRESENTATIVE: (if any)

I hereby state that I am authorized to represent the applicant whose signature appears at left for the processing of this abatement application. I further state that, **in the absence of this applicant's signature, I attach herewith a letter of authorization signed by the applicant.** I also (circle one) I have/ have led/ will I (within 30 days of the date of this application) an Information Requisition with Owner's (or Applicant's) authorization with the City of Boston Assessing Department relative to this abatement application.

Signature of Representative _____ Date (m/d/yy) _____

Representative's Name (Last Name) _____ (First Name) _____

Firm Name _____

Number and Street (Mailing Address) _____

City _____ State _____ Zip Code _____

Telephone Number: _____

ADWEB FRM 2012



FY

City of Boston Assessing Department
INFORMATION REQUISITION

Mass. General Laws Ch. 59, § 61A

PLEASE INCLUDE YOUR WARD AND PARCEL NUMBER ON EACH AND EVERY PAGE OF EACH DOCUMENT AND ATTACHMENT THAT YOU SUBMIT WITH THIS FORM.

Property Identification:

Parcel Number: _____ Bill No.: _____ Class: _____ (Land Use)
Assessed Owner: (as of 1/1/) _____
Applicant * (if not assessed owner): _____ Total Full Valuation: _____
Location: _____ Zip Code: _____
Street Number and Street Name
Contact Person: _____
Mailing Address: _____
Street Number and Street Name
City: _____ State: _____ Zip Code: _____
Phone #: (Day) _____ (Eve.) _____

Associated - Parcel Section:

(NOTE: For multi-parcel properties, file one application for each parcel that you want considered for abatement. File all applications together with one Information Requisition covering all parcels, noting MAIN parcel #).

1) Does this property consist of more than one parcel? Yes No 2) If yes, please list all additional WARD and PARCEL #s.
Ward (ex. 01) Parcel No. (ex. 02345-000)
3) Please list MAIN WARD & PARCEL # for completed Information Requisition.
Ward _____ Parcel _____

Applicant's Standing Section:

If applicant is not assessed owner, what is the basis of applicant's standing? _____

Authorization Section: (complete and sign below)

Social Security #: _____ Federal ID #: _____
(REQUIRED FOR REFUND: Write in one of the numbers above)

Owner/Applicant's Statement: I certify under pains and penalties of perjury that the information supplied in this requisition is true and correct. (If applicable) I hereby authorize the representative whose signature appears on my application for abatement under the Authorization Section to act on my behalf relative to my FY abatement application(s).

Signature of Owner or Applicant: _____ Date (m/d/yy) _____
Print Name: _____

NOTE: All abatements are subject to jurisdictional requirements under M. G. L. Ch. 59, and final approval by the Board of Review and the Commissioner of Assessing.

REQUIRED SCHEDULES

NOTE: To complete the required schedules, consult the samples. Also complete schedules H and I, if applicable.

* Applicant means: Person other than assessed owner such as executor, or trustee, or tenant paying more than 50% of taxes, or subsequent owner, or mortgagee in possession.

If Your Property is this Type:

Table with 2 columns: Property Type and Complete these schedules:
RESIDENTIAL: Residential (1-3 Family), Apartments (4 units or more), Condominiums
COMMERCIAL: Mixed Use (Res. & Com.), Office, Retail, Industrial, Condos, Hotel, Motel

Complete these schedules:

Table with 2 columns: Property Type and Complete these schedules:
RESIDENTIAL: A, B (Part 1), A, C, F, G, A, B (Part 2)
COMMERCIAL: A, C, D, F, G, H, I, A, D, F, G, H, I, A, G, J, H, I

SCHEDULE **A**

General Information

SCA

Parcel Number: _____

PLEASE INCLUDE YOUR WARD AND PARCEL NUMBER ON EACH AND EVERY PAGE OF EACH DOCUMENT AND ATTACHMENT THAT YOU SUBMIT WITH THIS FORM.

PART 1: Reason for Filing. (Please check (X) appropriate reason as of 1/1/)

Not Reflective of Fair Market Value on 1/1/	<i>(Provide three sales that occurred in last two years)</i>	
<u>Property Address</u>	<u>Sale Price</u>	<u>Date of Sale (m/d/yy)</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Recent Sale of Property: Provide the following Information.

1. Date of Sale _____ Price \$ _____
2. Any relation to seller? Yes No
3. Any non-real estate items included in sales price? Yes No
4. Description of items: _____
5. Associated Cost: \$ _____
6. Mortgage Amount: \$ _____
7. Lender's Name: _____
8. Lender's Appraisal Value: \$ _____ *(attach copy)*

Property recently refinanced, appraisal value below assessed value *(attach copy)*

Date of Refinancing (m/d/yy) _____ Amount Financed: \$ _____
 Lender's Appraisal Value: \$ _____

Not in line with comparable assessments. *(Provide value data for three similar properties)*

<u>Property Address</u>	<u>Ward (ex. 01)</u>	<u>Parcel No. (ex.12345-000)</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Improper Classification - Land Use: Please indicate correct Classification: _____
 Please indicate correct Land Use: _____

Incorrect Property Data (Please use PART TWO for detailing information).

Other: _____ *(Please use PART 2 below for detailing information)*

PART 2: Opinion of Value and Additional Comments

1. Owner's opinion of value as of **January 1, ?** \$ _____
2. Additional Comments *(use separate page, if necessary)*

SCHEDULE B

Residential Information

SCB'

Parcel Number: _____

PLEASE INCLUDE YOUR WARD AND PARCEL NUMBER ON EACH AND EVERY PAGE OF EACH DOCUMENT AND ATTACHMENT THAT YOU SUBMIT WITH THIS FORM.

PART 1: One-, two- or three-family ONLY. Effective reporting date is 1/1/ .

1. Property Use: Indicate primary use of the property.

Is the property owner-occupied? YES NO
 Does the property include an in-law or an au-pair unit? YES NO

2. Property Description:

A. Year Built: _____
 B. Room Count by Floors: _____

Example:

Floor Level	Total # Rooms	# of Bedrooms	# of Full Baths	# of 1/2 Baths	% Finished Living Area	Heated? (Y or N)	Kitchen? (Y or N)
1	5	3	1	1	100	(Y)	(Y)

Floor Level	Total # Room	# of Bedrooms	# Full Baths	# 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)
-------------	--------------	---------------	--------------	-------------	------------------------	---------------	----------------

Sub Bsmt.							
Bsmt.							
1							
2							
3							
4							
5							
Attic							
_____ TOTAL # of Floor Levels							

C. Heating Type: Choose one. _____

D. Other Features: Check (X) all that apply. Central air conditioning Garage Roof deck
 # of working replaces _____
 # of off-street parking spaces _____
 Other amenities: _____

3. Property Improvements: List any remodeling or updating completed within the last _____ ve years. (Attach additional information if necessary)

Type	Description of Improvement	Year	Total Cost
Kitchen			
Bath			
Ext. Siding			
Interior			
Additions			
Plumbing			
Electrical			
Roof			
Windows			
Other:			

4. Property Condition: Systems and Structure

Choose one per category.

Heating _____
 Electrical _____
 Plumbing _____
 Roof _____
 Windows _____
 Foundation _____

5. Property Condition Overall: Choose one per category.

Interior _____
 Exterior _____

PART 2: Condominium/Co-Op

1. Square footage (Total SF): _____
 Finished area (SF) : _____ Un finished area (SF): _____

2. Design (Choose type): _____
 If Other, describe: _____

3. Floor Level (Choose level): _____
 If Other, describe: _____

4. Orientation: (Indicate the relative location of the unit in the building) _____

5. Rooms: Indicate the number of rooms by type. (ex. 3 Bedroom)

____ Living Room ____ Dining Room ____ Bedroom
 ____ Eat-In Kitchen ____ Other Kitchen ____ Full Bath
 ____ Half Bath ____ Other: _____

6. Overall Condition: _____

7. Renovations: (Describe) _____ **Year Completed** _____ **Total Cost** _____
 Kitchen _____ \$ _____
 Baths _____ \$ _____
 Other: _____ \$ _____

8. Amenities: Check (X) all that apply.

Unit: Private Elevator _____ Fireplace _____ Central A/C _____
 View Balcony (Sq. ft. _____) Storage (Sq. Ft. _____)
 Other: _____
Complex: (Elevator, pool, rec room, etc.) _____

9. Parking Spaces: # Indoor Spaces: _____ # Outdoor Spaces: _____

Location of Spaces: _____

If Off-site, indicate address: _____

Ownership: Easement _____ Rented (Mo. Rent \$ _____)
 Separately Deeded (Bk & Pg # _____)

10. Rental Information:

Tenant: _____ Mo. Rent \$ _____

SAMPLE

SCHEDULE B Residential Information

SCB

Please complete below:

Ward P parcel

1	8	-	0	0	6	1	0	-	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

NOTE: The number above should appear on each page of this form.

PART 1: One, two and three family ONLY. Effective reporting date is 1/1/11

1. **Property Use:** Indicate (X) primary use of property.
 One family Two family Three family

Is the property owner-occupied? (Y/N) Y
 Does the property include an in-law or an au-pair unit? (Y/N) Y

2. **Property Description:**

A. Year Built: 1900
 B. Indicate Room Count by Floors (example below)

Floor Level	Total # Room	# of Bedrooms	# Full Baths	# 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)
1	5	3	1	1	100	Y	N

Floor Level	Total # Room	# of Bedrooms	# Full Baths	# 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)
Sub Bsmt.							
Bsmt.					0	N	N

Floor Level	Total # Room	# of Bedrooms	# Full Baths	# 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)
1	5	2	1	0	100	Y	Y
2	6	3	1	0	100	Y	Y
3	6	3	1	0	100	Y	Y
4							
5							
Attic							
4	TOTAL # of Floor Levels						

C. Heating Type: Check (X) one.
 Forced Air Radiators Baseboard
 Radiant Space Heater

D. Other Features: Check (X) all that apply.
 Central air conditioning Garage Roof Deck
 _____ # of working replaces
 _____ # of off-street parking spaces 4
 Other Amenities: _____

3. **Property Improvements:** List any remodeling or updating completed within the last five years. (Attach additional information if necessary)

Type	Description of Improvement	Year	Total Cost
Kitchen	Third Floor Cabinets	2009	\$9,000
Bath	Third Floor	2009	\$5,000
Ext. Siding			
Interior			
Additions			
Plumbing			
Electrical			
Roof	New Rubber Roof	2009	\$9,000
Windows			
Other:			

4. **Property Condition:** Systems & Structure.
 Indicate Condition for each category as: *Excellent, Good, Average, Fair, or Poor*

Heating: Average
 Electrical: Average
 Plumbin: Average
 Roof: Excellent
 Window: Fair
 Foundation: Average

5. **Property Condition Overall:** Indicate one per category.

Interior: Good
(Excellent, Good, Average, Fair, Poor or Uninhabitable)
 Exterior: Average
(Excellent, Good, Average, Fair, Poor)

PART 2: Condominium/Co-op

1. **Square Footage:** Total Sq. ft.: 1,000
 Finished Area: 800 Un finished Area: 200

2. **Design:**
 Loft Duplex Basement Penthouse Flat
 Other: _____

3. **Floor Level:**
 Sub Basement Basement Garden
 1st 2nd 3rd Other: _____
 Number of floor levels in unit: 1 Other: _____

4. **Orientation:** Check (X) the relative location of the unit in the building.
 Front Rear Middle Full Floor Corner

5. **Rooms:** Indicate (#) the number of rooms by type.
1 Livingroom 1 Dining Room 2 Bedroom
1 Full Bath 1 Half-Bath 1 Eat-in-Kitchen
 _____ Other Kitchen _____ Other: _____

6. **Overall Condition:** Good
 Indicate Condition as: *Excellent, Good, Average, Fair, Poor, or Uninhabitable*

7. **Renovations:** Year completed Total Cost
 Kitchen Full Renovation 2008 \$ 65,000
 Baths _____ \$ _____
 Other _____ _____ \$ _____

8. **Amenities:** Check (X) all that apply.
 Unit: () Private elevator () Fireplace () Central A/C () View
 Balcony (Sq ft. 120) () Storage (Sq. Ft. _____)
 Other: 0 _____ 1
 Complex: (Elevator, pool, rec. room, etc.) Elevator

9. **Parking Spaces:** #Indoor: _____ #Outdoor: _____
 Location of spaces:
 On-site (X) Off-Site (Address: 120 Albany St.)
 Ownership: (X) Easement () Rented (Mo. Rent \$ _____)
 Separately Deeded (Sale Price \$ _____)

10. **Rental Information:**
 Tenant: Davis Mo. Rent \$ 1,600