

FISCAL YEAR 2026

EXPANDED RESIDENTIAL EXEMPTION

THE COMMONWEALTH OF MASSACHUSETTS
TRURO

All information on this form must be completed in full and required documentation must be attached in order the application to be considered complete. Under statute, the application for residential exemption must be filed no later than April 1, 2026, or 3 months after the date the actual tax bill is issued, whichever is later.

The undersigned being aggrieved by the failure to receive an expanded residential exemption on real estate situated at

exemption. Number _____ Street _____

STATEMENT OF FACTS

- 1) Name(s) of record owner / taxpayers(s) _____
- 2) Name of Resident / Renters(s) _____
- 3) Date Property Acquired by Owner: _____
- 4) Was the parcel **owned** by you, and an agreement for year-round rental in place as of January 1, 2025? YES _____ NO _____

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

5) Please provide the required verification documentation: a signed (landlord and tenant) year-round lease beginning on or before January 1, 2025, and a copy of the first page of your renters 2024 Federal 1040 and Massachusetts Income Tax Form 1 filings listing the above parcel as the mailing address. Inclusion of the tax forms is for residency verification only. All financial information can and should be redacted. OR: a signed (landlord and tenant) year-round lease beginning on or before January 1, 2025, and a copy of your tenant's Driver's License listing the rental property address. In addition, **your tenant must have two of the following: be registered to vote in Truro; be on the Town Census or provide a copy of a December 2024 utility bill in the tenant's name for the rental address.**

If the tax return shows a PO Box, please provide a copy of both sides of current driver's license along with the above verification information.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY!

You MUST file your Expanded Residential Exemption application EACH YEAR as we need to verify the lease and rental information each year.

- **Failure to re-apply each year will result in loss of the exemption.** *Sigining 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 disqualification of this exemption and the subsequent issuance of an omitted bill for the exempted value involved for the current fiscal year. Verification of the truthfulness of the information contained herein may include visitation of the rental property and include an interview with the renters.*

9) Signature of Applicant: _____

10) Mailing Address): _____

Email Address: _____ Phone Number: _____

ASSESSOR'S USE ONLY

KEY# _____ Parcel ID: _____

GRANTED: _____ DENIED: _____

DATE: _____

CERTIFICATE #: _____ AMOUNT ABATED: _____

Renter MV Bill # _____

Renter Census List: _____ Y/N _____ Renter Voter List: _____ Y/N _____

Tax Return: _____ Y/N _____

Entered in PK: _____ Recorded in Excel: _____

Copy of ID: _____ Y/N _____

Checked in ATLAS: _____ Y/N _____ Munis Outstanding: _____