

Name:
Address:

Map/Parcel:
Key:

ASSESSORS USE ONLY



DATE RECEIVED

ASSESSORS USE ONLY

TOWN OF PROVINCETOWN

Assessors Office (508) 487-7017

**FY 22 APPLICATION FOR AFFORDABLE HOUSING
EXEMPTION**

(Ch.408 of the Acts of 2002)

***Rental Certificate must be on file with Licensing Department
Application Due no later than April 1, 2022***

INSTRUCTIONS: Complete all sections that apply. Please print or type.

A. Identification: Complete this section fully.

Name of Applicant Property Owner _____

Social Security No. _____ (optional) Tel. No. _____

Mailing Address _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, 2021 _____? Yes No

If so, were you

Sole Owner Co-owner with spouse/partner only Co-owner with others

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership GRANTED Assessed Tax _____
 Tenant Income DENIED Exempted Tax _____
 Lease Adjusted Tax _____
 Rental Certificate Verified _____

Board of Assessors:

Date Voted _____

Certificate No. _____

Date Cert./Notice Sent _____

Date _____

RENTAL INFORMATION:

Please complete information for each rental space for which you are seeking an exemption; add pages if necessary

Unit ____: Number of bedrooms in **this** affordable unit: Studio 2-bedroom 4-bedroom
 1-bedroom 3-bedroom

Rent _____/per month. Does this amount include all utilities? Yes No
If not, which utilities are paid by the tenant? *Check all that apply*

Heat: oil electric propane

Electric: [general]:

Hot Water: oil electric propane

Cooking: oil electric propane

(Note: The maximum allowable rent decreases if the tenant pays any utilities.)

Number of Renters _____ Name(s) of renter(s) _____

Mailing Address: (if different) _____ Phone: _____

HOUSEHOLD INCOME:

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE:

- List ALL sources of income as requested below for ALL household members over 18 years old.
- **Please attach verifications for each source of income** to include Statements and documents that indicate the payment amounts from all other sources of income for all members listed on the application, such as alimony and /or child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, disability or death benefits and any other form of income- on organization letterhead.
- Copy of 2020 Federal and State tax returns, as filed, for every current person living in the household over the age of 18.
- TOTAL ALL INCOME

INCOME: List all household members and all sources of income such as Social Security, pensions, SSI annuities, military pay, disability, public assistance, etc. Total all income.

| Household Member | Gross Annual Income |
|------------------|---------------------|
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TOTAL INCOME

RENTAL INFORMATION: ADDITIONAL UNIT

Please complete information for each rental space for which you are seeking an exemption; add pages if necessary

Unit ____: Number of bedrooms in **this** affordable unit: Studio 2-bedroom 4-bedroom
 1-bedroom 3-bedroom

Rent _____/per month. Does this amount include all utilities? Yes No
 If not, which utilities are paid by the tenant? *Check all that apply*

Heat: oil electric propane

Electric: [general]:

Hot Water: oil electric propane

Cooking: oil electric propane

(Note: The maximum allowable rent decreases if the tenant pays any utilities.)

Number of Renters _____ Name(s) of renter(s) _____

Mailing Address: (if different) _____ Phone: _____

HOUSEHOLD INCOME:

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE:

- List ALL sources of income as requested below for ALL household members over 18 years old.
- **Please attach verifications for each source of income** to include Statements and documents that indicate the payment amounts from all other sources of income for all members listed on the application, such as alimony and /or child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, disability or death benefits and any other form of income- on organization letterhead.
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| Household Member | Gross Annual Income |
|------------------|---------------------|
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TOTAL INCOME

ADDITIONAL INFORMATION

Do you have a lease for the aforementioned tenant(s) running from July 1, 2021, to June 30, 2022?

Yes No (If yes, please provide us with a copy of this.)

Is your property rented **YEAR-ROUND** to income eligible tenants (ie, those making no more than 80% of the median household income for Barnstable County)?

Yes No

*Note: Property owners, who believe they qualify, must reapply for this tax exemption each year. If a property qualifies for a particular year, the tax exemption would be granted for that year. **Owners may not at any time occupy any part of the affordable unit.***

If property owners rent at affordable rates to households earning above these income limits, they are not eligible for this tax exemption. Likewise, if property owners rent to tenants making less than 80% of the County median income, but at rents that are above those considered to be affordable, no tax exemption will be granted.

FY22 fall Property Tax Bill should be paid before any exemption is granted.

Rental Certificate must be on file with Licensing Department before any exemption is granted.

Deadline for filing this application is April 1, 2022.

Signature: Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Property owner's signature

Date

Renter's signature

Date

Renter's signature

Date

Renter's signature

Date