

Name:  
Address:

Map/Parcel:  
Key:

ASSESSORS USE ONLY



DATE RECEIVED

ASSESSORS USE ONLY

**TOWN OF PROVINCETOWN**

Assessors Office (508) 487-7017

**FY 21 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, 2021***

**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, 2020 \_\_\_\_\_?  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 2019 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

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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- 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

TOTAL INCOME

**ADDITIONAL INFORMATION**

Do you have a lease for the aforementioned tenant(s) running from July 1, 2020 to June 30, 2021?

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.*

**FY21 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, 2021.**

**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