Assessing Department
Room 301, City Hall, Boston 02201

RESIDENTIAL EXEMPTION APPLICATION

Fiscal Year 2025 (July 1, 2024 - June 30, 2025)

Massachusetts General Laws Chapter 59, § 5, Exemption 5C

Parcel: 1101572000 *(10 digits)*

Current Owner: CDB LIMITED PARTNERSHIP

Property Address: 7 CLEAVES ST, ROXBURY Zip: 02119

Every taxpayer in the City of Boston who owns residential property as of January 1, 2024, and uses that property as their principal residence for their calendar year 2023 Massachusetts income taxes, may be eligible for the Fiscal Year 2025 residential exemption. In certain circumstances, you may be eligible if you obtained your principal residence on or before January 1 and June 30, 2024.

In order to receive the residential exemption for Fiscal Year 2025, you must complete this application and return it to the Assessing Department even if you have received it in the past. If your application is not received, your residential exemption will be removed.

STATEMENT OF RESIDENCY

Did you own and occupy 7 CLEAVES ST as your principal legal residence on January 1, 2024? ☐ YES ☐ NO

If NO, Did you obtain your principal residence on or before June 30, 2024? ☐ YES ☐ NO

If YES, What date was your deed recorded? _____

Did you file your 2023 Massachusetts income tax return from 7 CLEAVES ST? ☐ YES ☐ NO

If NO, Attach explanation.

Applicant's Social Security Number: [redacted]

NOTE: Your principal residence is the address used when filing your personal income tax return. Your social security number is required to confirm that you filed your 2023 personal income tax return with the Commonwealth of Massachusetts. Failure to provide the number will result in denial of your application. The number will be kept confidential.

Is 7 CLEAVES ST 02119 held in a TRUST ? ☐ YES ☐ NO

If YES, provide a complete copy of ALL trust documents AND schedule of beneficiaries.
If more than one trust is involved, provide the same information for all trusts.

Do you own any other real estate ? ☐ YES ☐ NO

If YES, provide property address(es): _____

Failure to truthfully answer the above questions and complete this application in full will result in the denial of your request for a residential exemption.

I certify under pains and penalties of perjury that the information provided is true and correct.

Applicant First Name:_____ Applicant Last Name: _____ (please print)

Applicant Signature: _____ Date: _____ Telephone: _____

If the credit does not appear on your Fiscal Year 2025 third quarter tax bill, you may file an application for the exemption by April 1, 2025.

If you have questions, please contact the Taxpayer Referral and Assistance Center (TRAC) at (617) 635-4287 or contact us at assessing@boston.gov

MAIL THIS APPLICATION TO:
Assessing Department
1 City Hall Square Room 301; Boston, MA 02201-2011