



**Fiscal Year 2019**  
**38D Property Tax Return**  
**Form SH – Subsidized Housing**

City of Boston Assessing Department  
(M. G. L. Chapter 59, Section 38D)

**Mail Date: February 22, 2018**

Parcel ID:

**CAD**

**Parcel Location:**

**Certified Mail Number:**

\*\*\* Be sure to write the Ward and Parcel number on any document that you submit in response to this request. \*\*\*

The following information is requested pursuant to Massachusetts General Law Chapter 59, Section 38D, as amended, in order to determine market income and expense standards and develop fair and equitable valuations. Please submit all requested information within sixty (60) days of the mailing date.

If you fail to comply within 60 days of the request, it may be automatic grounds for dismissal of a filing at the Massachusetts Appellate Tax Board. You may also face a fine of fifty dollars (\$50) for residential properties, or two hundred and fifty dollars (\$250) for commercial and industrial properties. All information submitted is confidential.

**Part One: Residential Income Information**

Provide the following rental Information. The effective reporting date is January 1, 2018.

Unit Type	Tenant Name	Rent per Month	Subsidy	Total Income	Heated? (Y/N)
Studio					
One Bedroom					
Two Bedroom					
Three Bedroom					
Four Bedroom					
Weekly					

Parking	# of Spaces	Total Annual Income	
Commercial	Square Footage	Total Annual Income	Use
Other:	List (e. g. Cell towers, Antennae, Billboards, etc.)		

**Part Four: Sign Here**

I hereby declare under oath that the above information and addenda are presented as being true, correct and complete to the best of my knowledge and belief and are submitted under the penalties of perjury.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ Phone: (       ) \_\_\_\_\_

(Continued on reverse side)

**Return this form to:**  
**Research Unit / 38D**  
**Assessing Department**  
**P. O. Box 9712**  
**Boston, MA 02114**

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Part Two: Expenses

Provide the property expense information for the period 1/1/2017 – 12/31/2017.
Columns denote party responsible for payment.

Administrative	Owner	Tenant
Payroll		
Management		
Legal		
General Services		
Security		
Total		
Cleaning	Owner	Tenant
Payroll		
Contracts		
Heat/Cool (HVAC)		
Miscellaneous		
Total		
Repairs and Maintenance	Owner	Tenant
Payroll		
Elevators		
Heat/Cool (HVAC)		
Electrical		
Plumbing		
Supplies		
Miscellaneous		
Total		
Utilities	Owner	Tenant
Electric		
Tenant Electric		
Gas		
Steam		
Water		
Total		
Leasing Expenses	Owner	Tenant
Advertising		
Commissions		
Free Rent		
Tenant Fitout		
Lease Buyouts		
Total		
Fixed Expenses	Owner	Tenant
Buildings insurance		
Replacement Reserves		
Extraordinary Expenditures		
Gov't Mandated Improvements		
Total		
Grand total		
Combined Owner and Tenant Total		

Part Three: Additional Information

Name of Partnership:
Did this program receive Low Income Tax Credits? YES NO. If YES, Provide the following:
Start Date: Expiration Date: Amount per Year:
Did this program receive Financing? YES NO. If YES, provide the following:
Start Date: Amount: Number of years: Interest Rate:
List parcels in complex. Number of parcels:

			Number of Units per parcel						Square Footage			
Ward	Parcel #	Address	Class	0 BR	1 BR	2 BR	3 BR	4 BR	PKG	RET	OFF	Other
		TOTALS										