



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

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: _____