

City of Boston Assessing Department

Fiscal Year 2023 Statutory Exemption PRELIMINARY CONSIDERATION FORM

Massachusetts General Laws Chapter 59, Section 38D

Application must be filed by: August 1, 2022 I. Real Property Information Ward and Parcel ID: Property Address:____ _____ Zip Code:___ Neighborhood:___ Site Owner as of 1/1/2022:_____ ____ Book/Page: ______ Date: _____ _____ Date: ___ Site Owner as of 7/1/2022: ___ Book/Page: ___ II. Associated Parcel Information Does the filing pertain to more than one (1) parcel? ☐ YES* ☐ NO *If YES, please list all additional parcels below for which exemption is sought (attach additional sheets if necessary): Ward and Parcel: Property Address: Zip Code: Neighborhood: _____ ______ Book/Page: ___ _____ Date: _____ Owner as of 1/1/2022: ___ Owner as of 7/1/2022: ______ Book/Page: _____ Date: _____ Property Address: Ward and Parcel: — — — _____ Zip Code: ___ Neighborhood: ___ _____ Book/Page: ___ _____ Date: ___ Owner as of 1/1/2022: ___ Book/Page: ______ Date: _____ Owner as of 7/1/2022: Ward and Parcel: — — — Property Address: ____ _____ Zip Code: ___ Neighborhood: ___ ____ Book/Page: ___ _____ Date: ___ Owner as of 1/1/2022: Book/Page: ______ Date: _____ Owner as of 7/1/2022: ___ Property Address: ___ Ward and Parcel: — — — — _____ Zip Code: ___ Neighborhood: ___ ______ Book/Page: ___ _____ Date: ___ Owner as of 1/1/2022: ___ Owner as of 7/1/2022: ____ _____ Book/Page: _____ Date: ___ III. Applicant Information Name of Organization:___ Check applicable status below as of July 1, 2022: Own in fee (if held in trust, please attach a copy of the trust agreement) Lease of space in real property - Recording Information: Book/Page: _____ Lease of land of real property - Recording Information: Book/Page: ______ Date: _____ Other (explain): _ **IV. Contact Information** Contact Title: Contact Name: Contact Address: ___ _____ State: _____ Zip Code: ___

Phone Number: _____ Fax Number: _____

Please check status to indicate who is filing this application*:

Applicant Representative

*Please note additional certification requirement for both applicants and representatives on page 5

____ Email: ___

V. Provision for Exemption Filing Please indicate the statutory exemption the organization seeks: Chapter 59, Section 5, Clause 3 (Literary, Benevolent, Charitable, Scientific or Temperance Organization) Chapter 59, Section 5, Clauses 10 and 11 (House of Worship or Parsonage) Other (please explain):_ VI. Organization General Information A. Has a FY 2023 Form 3ABC been filed with the Assessors? YES File Date: ____/___ (mm/dd/yyyy) NO* *If NO, please submit the FY 2023 Form 3ABC, Return of Property for Charitable and Other Purposes, with this application. For a FY 2023 exemption, charitable organizations and certain other nonprofits should have filed a Form 3ABC on or before March 1, 2022. Religious organizations are not required to file Form 3ABC. The filing of the Form 3ABC is mandatory and cannot be waived by assessors. If an organization failed to file or did not timely file their Form 3ABC then an exemption may not be granted for FY 2023, and previously tax-exempt properties may be taxed. B. What type of business entity is the applicant organization? _ C. Is the applicant organization a Government Entity or an Instrumentality of the Government? YES* NO *If YES, please include a copy of the general law or special act creating or governing your organization. D. When was the applicant organized and under what statute? ___/___/____ (mm/dd/yyyy) Statute: _ Date: ___ E. What is your organization's mission as stated in the organization charter documents? F. Is any of the income or profits of the organization divided among stockholders, trustees or members? G. What will happen to your organization's assets upon dissolution?_ H. Does your organization have federal nonprofit status? \(\subseteq YES* \) \(\subseteq NO \) *If YES, please include documentation from the IRS. I. Is your organization exempt from paying state sales tax? YES* NO *If YES, please include documentation from the Massachusetts Department of Revenue. VII. Organization Property Usage A. Who does your organization serve? _____ B. Are you open to the public? YES NO* *If NO, and if operating on a referral basis only, please denote the agency or office that issues the referrals below: C. Is membership required for services? YES* NO *If YES, please describe in detail 1) the membership requirements, AND 2) basis for membership: __ D. Please describe the service(s) you provide at the real estate: _ E. Are fees required for the provision of service(s)? ☐ YES* ☐ NO *If YES, please explain your fee structure and the services offered, attaching any documents that may supplement your explanation:

supplement your explanation:_

*If YES, please explain what assistance is available and how aid determinations are made, attaching any documents that may

F. Is financial assistance available to those seeking your service(s)? YES* NO

VIII. Real Property Occupancy Information

Please complete the relevant tables below, detailing all occupants, users, and uses of the real property as of July 1, 2022. Attach additional sheets if necessary.

A. Commercial Component:	uses ma	y include (office, academic, laborator Is Occupant a Nonprofit	y, retail, stor Occupied	rage, billboard, ATM, or telecom Complete only for leased space			
Occupant, Lessee, or Owner Name	Floor #	Rentable SF / Area	Organization (Yes*/No)?	Use	7/1/22 (Yes/No)?	Annual Income	Lease Start Date	Lease End Date
*If YES, please note that items referr nonprofits that occupy the property		•		nts" section at	the back of th	ne application	must be subn	nitted for all

B. Transitional Component: uses may include shelter, group home, dormitory, or others								
			Component Type					
Occupant	Use	Floor #	Apt # of Bed- rooms*	# of Single Rooms	# of Dorm Beds	Income per Month (\$)	Occupied 7/1/22 (Yes/No)?	

^{*}Please denote 0B for studio, 1B for one bedroom rental, 2B for two bedroom rental, etc.

C. Vacant, Unused, or Available for Lease								
Floor #	Rentable SF / Area	Vacant as of 1/1/2022 (Yes/No)?	Vacant as of 7/1/2022 (Yes/No)?	Prior Use of Space	Comments			

D. Parking Component							
1.	Total # of Spaces: # of outdoor spaces:						
2.	Income collected Calendar Year ending 12/31/2021: \$						
3.	Private employer only? Yes* No *If YES, please provide a copy of the parking policy & procedures and a sample application						
4.	Mix of public and private use? Yes No						
5.	Public or event usage?						
6.	Please provide parking detail reporting for year end 12/31/2021.						
7.	Please provide a copy of the parking agreement or lease.						

IX. New Construction, Major Renovations, Expansion Projects

Please complete this section for any of the above A. Please check the project type: New cons	e project types in the planning stage or ongoing as of 7/1/2022. Instruction Major renovation Expansion
3. Is the project a single or multi-building project	
If site contains multiple buildings, please provi	vide relevant building name:
C. Is the project underway or in the planning p	phase as of 7/1/2022?
D. Please describe the activity ongoing as of 7,	7/1/2022:
,	/1/2022:
F. Does the project involve a joint venture?	Yes No If YES, please complete the table below: For Profit Organization Nonprofit Organization
Name of Entity	TOT Front Organization
If YES, is there a development agreement in	n effect? Yes No If YES, please attached a copy of the agreement
G. Does the project include any ground leased	d areas? Yes No If YES, please provide the ground lease recording information
Book/Page:	Date:
What is the intended primary use of the pro	oject upon completion (ex. admin office, hospital, dormitory, church, investment rental, etc.)
. Please list any lessees or letters of intent in p	place as of 7/1/2022:
, , , , , , , , , , , , , , , , , , ,	1 2 3 4
Lease or letter of intent?	
Prospective or actual lessee?	
Date of lease/LOI	
Commencement date	
Rentable square footage	
# of Transitional Apartments	
# of Transitional Single Rooms	
# of Dormitory Beds	
Proposed/Actual	
Annual rent - denote CY 2020, 2021, etc.	
C. Please provide a description of the project:	
# of stories: above grade	
	able SF # of units/SRO/dorms/other
3. Total construction cost: \$	
4. \$ spent and stored as of 7/1/2022: \$	
5. \$ spent and stored as of 1/1/2022: \$6. Attach any proforma projections for the	Attach AIA G702

X. Authorization

Applic	cant Statement:							
I here	fy under pains and penalties by authorize the representat Preliminary Consideration Fo	ive whose signa						
Name	:		Title:					
Phone	e: Ema	il:						
Signe	d:		Date:					
-	sentative Statement:							
	fy under pains and penalties Ithorized representative.	of perjury that	the information sup	oplied in this requisi	tion is true a	and correct, and that I am		
Name	:		Firm:					
Addre	·ss:							
	Street	Suite #	City	State	Zip Code			
Phone	e: Ema	nil:						
Signe	d:		Date:					
XI. Red	quired Review Docume	nts						
	· submit the following additional c n the real property:	locuments for the	applicant organizatior	AND for any other non	profit organiz	ations that occupy		
	Articles of Organization and	d any subseque	nt amendments					
	Organization By-Laws							
	Trust and related schedule of beneficiaries							
	Form 3ABC & Public Charities Division of the Attorney General's Office Form PC (if not already filed for FY 2023)							
	For a FY 2023 exemption of Property for Charitable file Form 3ABC. The filing file or did not timely file to properties may be taxed.	e and Other Purp of the Form 3AB	oses, on or before M C is mandatory and ca	arch 1, 2022. Religious annot be waived by as	organizatior sessors. If an	ns are not required to organization failed to		
	List of current officers and of	directors or trus	tees of the organiza	tion, including resid	ential addre	esses		
	Certificate of exemption fro	om Massachuset	tts sales tax					
	Federal Exemption 501(c)(3	3) letter				NOTE : Please attach any other documents that may		
	Annual financial report					assist the City of Boston in		
	Brochures or other literatur	o dotailing char	itable activities			making a determination on		

PLEASE NOTE:

☐ Brochures or other literature detailing charitable activities

The Assessing Department's Board of Review is under no obligation to examine this information in advance of the third quarter tax bill for FY 2023. Accordingly, if a third quarter property tax bill is issued but you believe that the property qualifies for a tax exemption, you must file a timely application for abatement after the FY 2023 tax bill is issued in late December 2022. The Assessing Department will not mail you separate notice of any preliminary decision on your exemption request. The FY 2023 third quarter tax bill will reflect the taxable status of the property. If your third quarter tax bill does not identify your property as exempt then your preliminary request has been denied. If a tax bill is not received, you may request a copy of the bill from the Office of the Collector-Treasurer.

this application.

Return Application to:

City of Boston Assessing Department Attn: Vanessa Weathers 1 City Hall Square, Room 301 Boston, Massachusetts 02201-1050