



**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 2018 Form 3ABC been filed with the Assessors?  YES File Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  NO
- B. What type of organization is the applicant (check one)?  
 Literary  Benevolent/Charitable  Scientific Institution  Temperance Society
- C. Is the property held in trust for the benefit of the applicant?  YES  NO
  - i. Is the trust executed in the Commonwealth?  YES  NO
  - ii. Are the trustees appointed by a court in the Commonwealth?  YES  NO
- D. 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.*
- E. When was the applicant organized and under what statute?  
 Statute: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)
- F. What is your organization's mission as stated in the organization charter documents? \_\_\_\_\_
- G. Is any of the income or profits of the organization divided among stockholders, trustees or members?  YES  NO
- H. What will happen to your organization's assets upon dissolution? \_\_\_\_\_
- I. Does your organization have federal nonprofit status?  YES\*  NO *\*If YES, please include documentation from the IRS.*
- J. 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:*  
 \_\_\_\_\_
- F. Is financial assistance available to those seeking your service(s)?  YES\*  NO  
*\*If YES, please explain what assistance is available and how aid determinations are made, attaching any documents that may supplement your explanation:*  
 \_\_\_\_\_

**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, 2017. Attach additional sheets if necessary.

**A. Commercial Component: uses may include office, academic, laboratory, retail, storage, billboard, ATM, or telecom**

Occupant, Lessee, or Owner Name	Floor #	Rentable SF / Area	Is Occupant a Nonprofit Organization (Yes*/No)?	Use	Occupied 7/1/17 (Yes/No)?	Complete only for leased space		
						Annual Income	Lease Start Date	Lease End Date

\*If YES, please note that items referred to in the "Required Review Documents" section at the back of the application must be submitted for all nonprofits that occupy the property, not just the applicant organization.

**B. Transitional Component: uses may include shelter, group home, dormitory, or others**

Occupant	Use	Floor #	Component Type			Income per Month (\$)	Occupied 7/1/17 (Yes/No)?
			Apt # of Bed-rooms*	# of Single Rooms	# of Dorm Beds		

\*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 1/1/2017 (Yes/No)?	Vacant as of 7/1/2017 (Yes/No)?	Prior Use of Space	Comments

**D. Parking Component**

- Total # of Spaces: \_\_\_\_\_; # of indoor spaces: \_\_\_\_\_ # of outdoor spaces: \_\_\_\_\_
- Income collected Calendar Year ending 12/31/2016: \$ \_\_\_\_\_
- Private employer only?  Yes\*  No *\*If YES, please provide a copy of the parking policy & procedures and a sample application*
- Mix of public and private use?  Yes  No
- Public or event usage?  Yes  No
- Please provide parking detail reporting for year end 12/31/2016.
- 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 project types in the planning stage or ongoing as of 7/1/2017.

A. Please check the project type:  New construction  Major renovation  Expansion

B. Is the project a single or multi-building project? \_\_\_\_\_

If site contains multiple buildings, please provide relevant building name: \_\_\_\_\_

C. Is the project underway or in the planning phase as of 7/1/2017? \_\_\_\_\_

D. Please describe the activity ongoing as of 7/1/2017: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Please describe the activity ongoing as of 1/1/2017: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Does the project involve a joint venture?  Yes  No **If YES, please complete the table below:**

Name of Entity	For Profit Organization	Nonprofit Organization

If YES, is there a development agreement in effect?  Yes  No **If YES, please attached a copy of the agreement**

G. Does the project include any ground leased areas?  Yes  No **If YES, please provide the ground lease recording information:**

Book/Page: \_\_\_\_\_ Date: \_\_\_\_\_

H. What is the intended primary use of the project upon completion (ex. admin office, hospital, dormitory, church, investment rental, etc.)?  
 \_\_\_\_\_  
 \_\_\_\_\_

I. Who is the intended or actual user(s) as of 7/1/2017? Please complete the table below.

User Name	Intended or Actual	Occupy whole or part of property?

J. Please list any lessees or letters of intent in place as of 7/1/2017:

	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 2016, 2017, etc.				

K. Please provide a description of the project:

- # of stories: above grade \_\_\_\_\_ below grade \_\_\_\_\_
- Project gross SF: \_\_\_\_\_ Net rentable SF \_\_\_\_\_ # of units/SRO/dorms/other \_\_\_\_\_
- Total construction cost: \$ \_\_\_\_\_
- \$ spent and stored as of 7/1/2017: \$ \_\_\_\_\_ **Attach AIA G702**
- \$ spent and stored as of 1/1/2017: \$ \_\_\_\_\_ **Attach AIA G702**
- Attach any proforma projections for the property in place as of 7/1/2017

**X. Authorization**

***Applicant Statement:***

I certify under pains and penalties of perjury that the information supplied in this requisition is true and correct. If applicable, I hereby authorize the representative whose signature appears below to act on the applicant's behalf relative to its Fiscal Year 2018 abatement application(s) that is/are associated with this requisition.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Representative Statement:***

I certify under pains and penalties of perjury that the information supplied in this requisition is true and correct, and that I am the authorized representative.

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Suite # City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**XI. Required Review Documents**

*Please submit the following additional documents for the applicant organization AND for any other nonprofit organizations that occupy space in the real property:*

- Articles of Organization and any subsequent amendments
- Organization By-Laws
- Trust and related schedule of beneficiaries
- FY 2018 Form 3ABC & Public Charities Division of the Attorney General's Office Form PC
- List of current officers and directors or trustees of the organization, including residential addresses
- Certificate of exemption from Massachusetts sales tax
- Federal Exemption 501(c)(3) letter
- Annual financial report
- Brochures or other literature detailing charitable activities

**NOTE:** Please attach any other documents that may assist the City of Boston in making a determination on this application.

**Return Application to:**

City of Boston Assessing Department  
 1 City Hall Square, Room 301  
 Boston, Massachusetts 02201-1050