

Town of West Tisbury BOARD OF ASSESSORS P. O. Box 278 West Tisbury, MA 02575-0278 508-696-0101 assessors@westtisbury-ma.gov

May ##, 2024

RESIDENTIAL EXEMPTION: IMPORTANT NOTICE AND REQUEST FOR PARTICIPATION

Dear West Tisbury Taxpayer,

The Board of Assessors has begun pre-qualifying applicants for a possible future residential exemption. It's important for all West Tisbury resident homeowners to participate in the process.

A residential exemption would reduce property taxes on the principal residence for a vast majority of West Tisbury property owners.

If your property is your principal residence, please complete the application form on the back of this letter and return it to our office as soon as possible. <u>Please include the required documentation with your application.</u>

Without pre-qualification, the residential exemption option would be difficult to implement by the Select Board at the annual Classification Hearing, which is usually held in late Fall.

Please understand that the Select Board has not decided in favor of, or against, a residential exemption. That decision would only be made following ample opportunity for public input, including the Classification Hearing itself.

To qualify for a residential exemption, applicants must demonstrate that they use their West Tisbury address when filing income taxes. We will need a copy of the first page of your most recent Federal tax return showing your primary address. <u>WE ASK THAT YOU COVER/REDACT YOUR SOCIAL SECURITY NUMBERS</u> <u>AND ALL INCOME INFORMATION</u>. Your income is <u>not</u> a factor in qualifying.

If your tax return shows a P.O. Box, the application requires additional documentation, listed on the form itself.

For more information about the residential exemption, please go to the Assessors page of the Town website at <u>www.westtisbury-ma.gov/assessors-office</u>.

You may mail applications and documentation using the enclosed envelope (please add postage), email them to <u>assessors@westtisbury-ma.gov</u>, or drop them off in the drop box in the lobby of Town Hall.

Sincerely,

Michael Colaneri, Chair of Board Maria McFarland, Board Member Lawrence Schubert, Board Member MacGregor Anderson, Principal Assessor

Received:

FISCAL YEAR 2025

RESIDENTIAL EXEMPTION

COMMONWEALTH OF MASSACHUSETTS

WEST TISBURY

All information on this form must be completed in full <u>and</u> required documentation must be attached in order for the application to be considered complete. Under statute, the application for residential exemption must be filed no later than April 1, 2025. However, **prompt filing is requested, and will greatly speed and simplify any credits if an exemption is ever declared**.

STATEMENT OF FACTS

Property Address _____

1) Name(s) of record owner(s)

2) Name of Applicant(s)

3) Was parcel *owned and occupied* by you as your *domicile* as of January 1, 2024? YES _____ NO ____

NOTE: If no, please return the form but you can skip to the signature line (9) and not include any documentation.

4) Please attach a copy of the 1st page of your most recent Federal Income Tax Return. We ask that you black out or

otherwise cover your social security numbers and income information. We simply need to see the address you used to file.

• If your return shows a P.O. Box or address other than the property address, attach a copy of both sides of your current driver's license showing owner's name with the West Tisbury address. If you do not have a valid driver's license please submit other evidence that shows this property as your domicile.

• If you aren't required to file a tax return in 2024, submit a short, written explanation as to why and include any pertinent documentation such as a SSI return, a copy of both sides of a current driver's license showing owner's name with West Tisbury address or other proof of residency.

5) List the location and type of any other residential real estate owned by you:

6) Have you received or applied for, or will you receive or apply for any other residential exemption and/or homestead exemption

in any other state, city or town in this fiscal year (7/1/24 to 6/30/25) or the previous fiscal year? ____NO ___YES If yes, what city/state?

Signing this form under the penalties of perjury has the legal effect of swearing under oath to the truthfulness of the information contained herein. All items on this form must be completed as indicated. In addition to other sanctions provided by law, intentional misrepresentation of facts in this application may result in cancellation of this exemption and the subsequent issuance of an omitted bill for the exempted value involved for the current fiscal year.

9) Signature of Applicant:					
10) Mailing Address (if different than property location):					
Email Address:			Phone Number:		
ASSESSOR'S USE ONLY					
GRANTED:	DENIED:	NO ACTION:	DATE:	AMOUNT EXEMPTED:	