



City of Boston Assessing Department

FY 2016 Statutory Exemption INFORMATION REQUISITION

Pursuant to Massachusetts General Laws Chapter 59, Section 61A, this requisition must be filed within thirty (30) days of the date of filing the abatement application. Failure to provide the information requested within thirty (30) days of filing the abatement application may result in the loss of your right to appeal the tax assessed.

I. Real Property Information

Ward and Parcel ID: -

Property Address: _____

Neighborhood: _____ Zip Code: _____

Site Owner as of 1/1/2015: _____ Book/Page: _____ Date: _____

Site Owner as of 7/1/2015: _____ Book/Page: _____ Date: _____

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):*

Property Address: _____ Ward and Parcel: -

Neighborhood: _____ Zip Code: _____

Owner as of 1/1/2015: _____ Book/Page: _____ Date: _____

Owner as of 7/1/2015: _____ Book/Page: _____ Date: _____

Property Address: _____ Ward and Parcel: -

Neighborhood: _____ Zip Code: _____

Owner as of 1/1/2015: _____ Book/Page: _____ Date: _____

Owner as of 7/1/2015: _____ Book/Page: _____ Date: _____

III. Applicant Standing Section

If applicant is not the assessed owner, what is the applicant's standing?

Subsequent owner Tenant with obligation to pay more than 50% of tax

Mortgagee in possession Other: _____

IV. Contact Information

Contact Name: _____ Contact Title: _____

Contact Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

Please check status to indicate who is filing this application: Applicant Representative

V. Authorization Section

Owner/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 on the FY 2016 abatement application(s) that is/are associated with this requisition to act on my behalf relative to my FY 2016 abatement application(s).*

Signature of Owner or Applicant: _____ Date (mm/dd/yy): _____

Print Name: _____

Note: All abatements are subject to jurisdictional requirements under MGL Ch. 59, and final approval by the Board of Review and the Commissioner of Assessing.

VI. 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): _____

VII. Organization General Information

- A. Has a FY 2016 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.*

VIII. 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 the fee structure and the services offered, attach 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, attach any documents that may supplement your explanation:* _____

IX. Real Property Occupancy Information

Please complete the relevant tables below, detailing all occupants, users, and uses of the real property as of **JULY 1, 2015**. 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 7/1/15 (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	Floor #	Use	Component Type		Income per Month (\$)	Occupied 7/1/15 (Yes/No)?	Please check applicable type	
			# of Units	Unit Type*			License Agreement	Lease Agreement

*Please denote 0B for studio, 1B for one bedroom rental, 2B for two bedroom rental, SRO for single occupant.

X. Real Property Occupancy Information (cont.)

Please complete the relevant table below for any vacant space in the real property as of **JULY 1, 2015**. Attach additional sheets if necessary.

C. Vacant, Unused, or Available for Lease

Floor #	Rentable SF / Area	Vacant as of 1/1/2015 (Yes/No)?	Vacant as of 7/1/2015 (Yes/No)?	Prior Use of Space	Marketing Company	Comments

D. Parking Component

1. Total # of Spaces: _____; # of indoor spaces: _____ # of outdoor spaces: _____
2. Income collected Calendar Year ending 12/31/2014: \$ _____; Leased? Yes No Management agreement? Yes* No
**If YES, Please provide a copy of the parking management agreement or lease.*
3. Private employer only? Yes No* **if NO, total number of public spaces: _____; total number of private space: _____*
 - a. Please also provide a copy of the parking policy & procedures and a sample application.
 - b. Please provide parking detail report for year end 12/31/2014. Report must include sufficient information to determine public vs. private use.
4. Public or event usage? Yes No Amount (\$) collected for Calendar Year 2014: \$ _____

XI. New Construction, Major Renovations, Expansion Projects

Please complete this section for any of the above project types in process as of 7/1/2015.

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

Is the project a single or multi-building project? _____

If site contains multiple buildings, please provide relevant parcel, address, and/or building name: _____

B. 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**

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

Book/Page: _____ Date: _____

D. Status of the project as of 7/1/2015: Planning phase Under construction

Please describe activity as of 7/1/2015: _____

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

F. Who is the intended or actual user(s) as of 7/1/2015? Please complete the table below.

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

G. Please list any lessees or letters of intent in place as of 7/1/2015:

	1	2	3	4
Lease or letter of intent?				
Name				
Date of lease/LOI				
Commencement date				
Rentable square footage				
# of Transitional Apartments				
# of Transitional Single Rooms				
# of Dormitory Beds				
Annual rent received: Calendar Year 2014				
Annual rent received: Calendar Year 2015				

H. Please provide a description of the project:

- # of stories: above grade _____ below grade _____
- Project gross SF: _____ Net rentable SF _____ # of units/SRO/dorms/bedrooms/other _____
- Total construction cost: \$ _____
- \$ spent and stored as of 7/1/2015: \$ _____ **Attach AIA G702**
- \$ spent and stored as of 1/1/2015: \$ _____ **Attach AIA G702**
- Attach any proforma projections for the property in place as of 7/1/2015

XII. 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
- Form 3ABC & Public Charities Division of the Attorney General's Office Form PC (if not already filed for FY 2016)
- 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, Room 301
One City Hall Square
Boston, Massachusetts 02201-1050