STATE TAX FORM	Л 128-5С
TAX BILL NO.	

FISCAL YEAR 2026

RESIDENTIAL EXEMPTION THE COMMONWEALTH OF MASSACHUSETTS

Do not write in this space. Date application received:	

BARNSTABLE NAME OF CITY OR TOWN

APPLICATION FOR RESIDENTIAL EXEMPTION

MUST BE FILED NO LATER THAN 3 MONTHS AFTER THE DATE THE ACTUAL TAX BILL IS ISSUED.

ALL TAXPAYER INFORMATION ON THIS FORM MUST BE COMPLETED IN FULL <u>AND</u> REQUIRED DOCUMENTATION ATTACHED TO BE CONSIDERED FOR THE RESIDENTIAL EXEMPTION. APPLICATIONS ARE FOR THE 2026 FISCAL YEAR BEGINNING JULY 1, 2025.

PARCEL ID#		
The undersigned being	g aggrieved by the failure to recei-	ve a residential exemption on real estate situated at
		for fiscal year 2026 hereby applies for such an exemption.
Number # Str	reet STATE	MENT OF FACTS
	SIAIL	VIEW OF PACIS
1) Name(s) of record of	owner(s)	
2) Name of Applicant	(s)	
3) Social Security Nur	mber (optional)	Date Property Acquired:
4) Was this real estate	owned and occupied by you as y	our <i>principal residence</i> on <u>January 1, 2025</u> ?: YES: NO:
(required). Attach th	e copy, skip line 6 & go to line 7. If r	eral Income Tax Return Showing the Above Real Estate Address eturn shows a P.O. Box, attach a copy & 1 other piece of evidence listed in income, submit a short written explanation and at least 2 pieces of other
6) Other Evidence: Cop	by of Driver's License (both sides)	; Copy of 2023 Federal Tax Return (front page) □; Copy of Motor
Vehicle Registration	\Box ; Copy of Gun Permit \Box ; Copy	of Other 2024 Federal Form showing address \square
7) List the location and	d type of any other residential rea	estate owned by you:
8) Have you received	or applied for a residential exemp	tion in any other state, city or town for this fiscal year?
YES:1	NO: If yes, wh	ere?City/State
information contained provided by law, inter-	herein. All items on this form mutional misrepresentation of facts in	legal effect of swearing under oath to the truthfulness of the ast be completed as indicated. In addition to other sanctions in this application may result in cancellation of this exemption and otted value involved for the current fiscal year.
SUBSCRIBED THIS	DAY OF	, 20 UNDER THE PENALTIES OF PERJURY
9) Signature of Appli	icant:	
10) Mailing Address	(if different than property location	1):
	<u>Do not</u>	write below this line.
GRANTED:	DENIED:	NO ACTION:
DATE:	CERTIFICATE #:	AMOUNT ARATED

Dear Property Owner,

The Town Council has the option of enacting a residential exemption of up to 35% of the <u>average total residential value</u> in Barnstable every year for those property owners who maintain their <u>primary residence</u> in the Town of Barnstable. <u>Please note that this does not mean up to 35% of the **individual** value of each property</u>. Each qualified property will receive exactly the same dollar amount of exemption value, regardless of the property value, and that amount is recalculated every year. This means that a qualifying property in any one year will have that year's exemption amount subtracted from the total taxable value of the property <u>before</u> the tax is calculated. **Example - FY2025**:

Original taxable value: \$500,000

Residential exemption: -\$ 233,792 (FY2025)

Actual taxable value: \$ 266,208

A primary residence is defined as being owned and occupied year-round by the applicant and by filing a federal tax return showing the property as the primary residence for the qualifying fiscal year. This office will need a copy of the front page of the return submitted with the application, no exceptions. Income data and social security numbers may be blacked out but the form must show the real estate address to which the application is made. If you use a post office box address as your primary mailing address, submit the tax return page showing the PO Box, along with additional evidence as defined on the front of this form in section 6. The Board of Assessors has sole authority to determine what other documentation is acceptable as proof of primary residence when no tax return has been filed for the required year and will require a written explanation as to why a tax return was not filed. This exemption is enacted for one fiscal year only and must be voted on each fiscal year by the Town Council, both to accept the Clause and to select the designated percentage of exemption. The date of qualification is the first of January every year for the coming fiscal year. That is, to qualify for a FY2026 residential exemption, the property owner must be a full-time resident, owning the property as of 1/1/2025 and be able to prove it is their primary residence by submitting the front page of their calendar year 2024 federal tax return. Owners have up to 3 months from the mailing of the actual tax bill to apply for the exemption for each tax year. Once qualified, the certification is valid until the property is sold, the form of ownership changes (placed into a trust from fee simple, for example) or the Town Council votes not to accept the Clause. Qualifying for the residential exemption does not disqualify taxpayers from receiving other exemptions, such as the Senior or Veterans exemption.

Return the application to the Assessing Office, 367 Main Street, Hyannis, MA 02601.

Assessing Office Hours: Monday – Friday 8:30 AM - 4:30 PM Phone: 508-862-4022

http://townofbarnstable.us

William T Garreffi Melvin Pauze

BOARD OF ASSESSORS TOWN OF BARNSTABLE