

DEAR ABATEMENT APPLICANT:

Residential

In accordance with MGL Ch59, the Board of Assessors requests that you complete this Property Verification Form so that the property record card may be reviewed for any inaccuracies that may affect the value. Under MGL Ch59 S61A, this information must be provided within thirty (30) days.

PROPERTY ADDRESS:\_\_\_\_\_

1. HOUSE STYLE:\_\_\_\_\_(CAPE, RANCH, GARRISON, COLONIAL, ETC.)

NUMBER OF STORIES:\_\_\_\_\_ NUMBER OF APTS.:\_\_\_\_\_ AGE OF HOUSE:\_\_\_\_\_

EXTERIOR: WOOD\_\_\_\_\_ BRICK\_\_\_\_\_ STONE\_\_\_\_\_ VINYL\_\_\_\_\_ ALUM\_\_\_\_\_ OTHER\_\_\_\_\_

2. HAS THE PROPERTY BEEN REMODELED IN THE LAST 5 YEARS? (Y/N)\_\_\_\_\_ IF YES, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

3. HAVE BUILDINGS OR OTHER STRUCTURES BEEN ALTERED, REMOVED, OR ADDED SINCE THE SALE?

(Y/N)\_\_\_\_\_ IF YES, EXPLAIN:\_\_\_\_\_

4. DOES THE HOUSE HAVE AN IN-LAW? (Y/N)\_\_\_\_\_

5. TOTAL NUMBER OF ROOMS (EXCLUDES BATHROOMS):\_\_\_\_\_

6. NUMBER OF BATHROOMS FULL:\_\_\_\_\_ HALF:\_\_\_\_\_ 3/4:\_\_\_\_\_

7. NUMBER OF BEDROOMS (EXCLUDES ROOMS WITHOUT A CLOSET):\_\_\_\_\_

8. HEAT: TYPE: (ex; steam, forced air) \_\_\_\_\_ FUEL(ex; oil, gas)\_\_\_\_\_ A/C: (Y/N)\_\_\_\_\_ IF YES  
TYPE:\_\_\_\_\_

9. NUMBER OF FIREPLACES:\_\_\_\_\_ WOOD STOVES:\_\_\_\_\_ SEPARATE FLU(s)\_\_\_\_\_

10. DOES THE PROPERTY HAVE A BASEMENT? (Y/N)\_\_\_\_\_ % DIRT FLOOR\_\_\_\_\_

11. IS THE BASEMENT FINISHED? (Y/N)\_\_\_\_\_ IF YES, % FINISHED \_\_\_\_\_

12. IS THERE A WALK-IN ATTIC? (Y/N)\_\_\_\_\_ IF YES, % FINISHED:\_\_\_\_\_

13. GARAGE (Y/N): ATTACHED\_\_\_\_\_ DETACHED\_\_\_\_\_ UNDER\_\_\_\_\_ SIZE:\_\_\_\_\_

14. OTHER BUILDINGS AND STRUCTURES – IF PRESENT:

BREEZEWAY SIZE:\_\_\_\_\_ BARN SIZE:\_\_\_\_\_ CARPORT SIZE:\_\_\_\_\_ SHED SIZE:\_\_\_\_\_

PORCH: ENCLOSED SIZE:\_\_\_\_\_ SCREENED SIZE:\_\_\_\_\_ OPEN SIZE:\_\_\_\_\_

JACUZZI/HOT TUB \_\_\_\_\_ PATIO SIZE:\_\_\_\_\_

DECK:\_\_\_\_\_ SIZE:\_\_\_\_\_ IF YES, ATTACHED TO HOUSE:\_\_\_\_\_

POOL:\_\_\_\_\_ SIZE:\_\_\_\_\_ TYPE:\_\_\_\_\_

15. DOES YOUR LOT HAVE ANY FACTORS WHICH YOU FEEL AFFECT ITS VALUE? (Y/N)\_\_\_\_\_ IF YES,

(WETLANDS, TITLE5/PERC, ETC), ENCLOSE A LETTER FROM THE APPROPRIATE CITY DEPARTMENT SUPPORTING SUCH CLAIMS \_\_\_\_\_

\_\_\_\_\_

16. IS THIS A \_\_\_\_\_ PRIMARY OR \_\_\_\_\_ SECONDARY RESIDENCE?

17. HAS THE PROPERTY AT ANYTIME BEEN LISTED FOR SALE WITH A REAL ESTATE BROKER? (Y/N) \_\_\_\_\_

IF YES, PLEASE STATE THE NAME OF BROKER \_\_\_\_\_

ASKING PRICE \_\_\_\_\_ DATE(S) LISTED \_\_\_\_\_

18. HAS A PROFESSIONAL APPRAISAL BEEN PERFORMED ON THE PROPERTY? (Y/N) \_\_\_\_\_ (IF YES, PLEASE ENCLOSE A COPY.)

19. PLEASE STATE THE REASONS WHY YOU FEEL YOUR PROPERTY IS BEING ASSESSED IMPROPERLY.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OVERVALUATION CLAIMS **MUST** BE ACCOMPANIED BY THE COMPLETED FORM BELOW:

A. MARKET SALES COMPARABLE PROPERTIES – **PRIOR YEAR QUALIFIED SALES** (see assessors' list)

	1 <sup>st</sup> SALE	2 <sup>nd</sup> SALE	3 <sup>rd</sup> SALE
BUYER			
SELLER			
LOCATION			
ASSESSORS MAP/LOT			
SALES PRICE			
SALES DATE			
BOOK/PAGE			

**B. SIMILAR PROPERTIES COMPARED BY VALUE**

LOCATION/ADDRESS	MAP/LOT	ASSESSED VALUE	OWNER

**NOTE: ALL QUESTIONS MUST BE ANSWERED AS REQUESTED TO CONSIDER THIS INFORMATION REQUEST COMPLETE.**

I, \_\_\_\_\_ DO SOLEMNLY SWEAR, UNDER OATH AND UNDER PENALTIES  
OF PERJURY, THAT (please print your full name)  
THE STATEMENTS CONTAINED HEREIN ARE TRUE.

\_\_\_\_\_  
SIGNATURE

If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.

\_\_\_\_\_  
DATE

**THANK YOU IN ADVANCE FOR YOUR COOPERATION  
SUSAN BYRNE, ASSISTANT ASSESSOR**

**PLEASE RETURN THE COMPLETED FORM TO:  
ASSESSORS' OFFICE  
50 THE COMMON  
PHILLIPSTON, MA 01331**