

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: SIZE: \_\_\_\_\_ SCREENED IN (Y OR N) 3 SEASON: (Y OR N)  
 JACUZZI/HOT TUB \_\_\_\_\_ PATIO SIZE: \_\_\_\_\_  
 DECK (Y OR N) SIZE: \_\_\_\_\_ IF YES, ATTACHED TO HOUSE: \_\_\_\_\_  
 POOL (Y OR N) 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. PLEASE STATE THE REASONS WHY YOU FEEL YOUR PROPERTY IS BEING ASSESSED IMPROPERLY.

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

A. MARKET SALES COMPARABLE PROPERTIES – **CALENDAR YEAR 2020 QUALIFIED SALES**

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

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

\_\_\_\_\_  
DATE

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

**THANK YOU IN ADVANCE FOR YOUR COOPERATION**  
Office of the Assessor

**PLEASE RETURN THE COMPLETED FORM TO:**  
**ASSESSORS' OFFICE**  
**95 PLEASANT ST**  
**GARDNER, MA 01440**