



## Town of West Tisbury

BOARD OF ASSESSORS

P. O. Box 278

West Tisbury, MA 02575-0278

508-696-0101

[assessors@westtisbury-ma.gov](mailto:assessors@westtisbury-ma.gov)

Dear West Tisbury Taxpayer,

If you own your property and it is your principal residence (domicile), please complete the application form on the back of this letter and return it to our office by April 1<sup>st</sup>, 2026. Please read the documentation requirements carefully and call us with any questions. Unfortunately, we have to deny incomplete applications.

**The following documentation is required with your application:**

1. A copy of the first page of your most recent Federal Tax Return (usually a 1040) with all dollar figures and Social Security numbers covered or blacked out. Your income is NOT a factor in qualification.
2. IF the mailing address on the tax return shows anything other than your property's street number and street name, we will ALSO need you to include a copy of the front and back of your Driver's License, with the Driver's License number covered/blacked out. We still require a copy of the first page of the tax return, regardless of the address it shows.

If you are not required to file a tax return please contact our office to discuss alternative documentation.

You may mail applications to Assessors, Town of West Tisbury, PO Box 278, West Tisbury, MA 02575 or email them to [assessors@westtisbury-ma.gov](mailto:assessors@westtisbury-ma.gov), or drop them off in the drop box in the lobby of Town Hall.

Sincerely,

MacGregor Anderson, Principal Assessor

FISCAL YEAR 2026
RESIDENTIAL EXEMPTION
COMMONWEALTH OF MASSACHUSETTS
WEST TISBURY

All information on this form must be completed in full and 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, 2026. 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, 2025? YES \_\_\_ NO \_\_\_

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, ALSO attach a copy of both sides of your current driver's license showing owner's name with the West Tisbury address. Please cover/white out/black out your DL number. 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 2025, 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 (7/1/25 to 6/30/26) 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: \_\_\_\_\_