

**City of Boston (COB) – Property Affidavit Form**

**Instructions:** List all City of Boston properties currently owned, or previously foreclosed upon for failure to pay real estate taxes or other indebtedness, by the applicant or by any other legal entity in which the applicant has had or now has an ownership or beneficial interest. If there are any past due amounts owed to the Department of Neighborhood Development, the Inspectional Services Department, the Treasury Department and/or the Boston Water and Sewer Commission, such **must be paid in full** before: (1) a vote request can be presented to the City of Boston Public Facilities Commission concerning the sale of property to the applicant or any other business entity in which the applicant has an ownership or beneficial interest; OR (2) the commitment of funding to the applicant or any other business entity in which the applicant has an ownership or beneficial interest. Public Facilities Commission votes are not to be requested until the Property Affidavit has been approved and the Legal Unit has signed the Property Clearance Form.

Upon approval, the Property Affidavit will be valid for ninety (90) calendar days from the date it is signed by the Applicant.

For any additional properties that do not fit on this form, attach a spreadsheet. Do not use another property affidavit form. Only one signature page is to be submitted. All entries made on this form must be typed in the form fields provided below.

**Applicant:**

List Addresses of Boston Properties Owned:	PARCEL ID NUMBER
Boston Properties Previously Foreclosed Upon by COB:	PARCEL ID NUMBER

I declare under pains and penalties of perjury that the foregoing representations are true, accurate, complete and correct in all respects.

Print Name and Title \_\_\_\_\_ Authorized Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Contact (If different from above) \_\_\_\_\_ Telephone Number \_\_\_\_\_

**OFFICIAL USE ONLY (Fax the completed form to DND at 635-0262. Delinquency Reported: (If Yes (Y) state the amount owed):**

**Boston Water & Sewer Commission** Y \$ \_\_\_\_\_ N   
 Signature and Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**Department of Neighborhood Development** Y \$ \_\_\_\_\_ N   
 Signature and Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**Public Works Department** Y \$ \_\_\_\_\_ N   
 Signature and Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**Treasury Department** Y \$ \_\_\_\_\_ N   
 Signature and Date: \_\_\_\_\_

Notes: \_\_\_\_\_

DND Contact \_\_\_\_\_ Division \_\_\_\_\_ Program \_\_\_\_\_ Phone: ext. \_\_\_\_\_