

# The Commonwealth of Massachusetts

William Francis Galvin, Secretary of the Commonwealth

## Declaration of Homestead for Homes Owned by Natural Persons *(General Laws Chapter 188)*

*In situations where the home is owned by multiple owners, each owner may be best served to complete a separate declaration of homestead.*

1.  I, \_\_\_\_\_,  
*(insert name of owner)*

We, \_\_\_\_\_,  
*(insert name of owners)*

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

hereby declare homestead pursuant to M.G.L. c.188 and state that I/we own the home described below and occupy or intend to occupy the home as my/our principal residence.

### Owner Information

2. Check all the apply:

I/we, \_\_\_\_\_ am elderly (62 years of age or older).  
*(insert name (s))*

I/we, \_\_\_\_\_  
*(insert name (s))*

am/are disabled (have a physical or mental impairment that meets the disability requirements for Supplemental Security Income under 42 U.S.C. 1382c(a)(3)(A) and 42 U.S.C. 1382c(a)(3)(C). One of the following must be attached: 1) an original or certified copy of a disability award letter issued to the person by the United States Social Security Administration, or 2) a letter signed by a physician registered with the board of registration in medicine certifying that each person meets the disability requirements stated in 42 U.S.C. 1382c(a)(3)(A) and 42 U.S.C. 1382c(a)(3)(C).

I am married to \_\_\_\_\_,  
who is not a co-owner of the home but who occupies or intends to occupy the home as his/her principal residence.

### Home Information

3. Address: \_\_\_\_\_, Massachusetts.  
*(street number and name, city/town)*

4. Select **ONE** of the following:

Deed is recorded in \_\_\_\_\_ Registry of Deeds in \_\_\_\_\_ and \_\_\_\_\_  
*(district/county) (book) (page)*

Certificate of Title \_\_\_\_\_ registered in the Land Registration Office \_\_\_\_\_ and \_\_\_\_\_  
*(number) (book) (page)*

Inheritance from \_\_\_\_\_, Docket number \_\_\_\_\_  
*(name of previous owner)*  
\_\_\_\_\_ in \_\_\_\_\_  
*(number) (county)*

For manufactured homes, license number \_\_\_\_\_  
*(number)*

5. I/we, whose names are signed on this document, acknowledge that I/we sign it voluntarily for its stated purpose.

**To be signed by Applicant(s) in front of Notary Public.**

Signed under pains and penalties of perjury this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Use by Notary Public Only:**

**COMMONWEALTH OF MASSACHUSETTS**

\_\_\_\_\_, ss.

\_\_\_\_\_, 20 \_\_\_\_\_, before me, the undersigned notary public, personally appeared

\_\_\_\_\_,  
*(name(s) of the document signer(s))*

proved to me through satisfactory evidence of identification, which were \_\_\_\_\_,  
*(drivers license, passport, etc.)*

to be the person(s) who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) (their) knowledge and belief.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_