

FISCAL YEAR 2021 SENIOR/SURVIVING SPOUSE TAX EXEMPTION

CLAUSE 17D

Senior/Surviving Spouse or Minor Tax Exemption Clause 17D is purely "Asset Based" and does not consider personal income. In order to qualify, the applicant will need to document:

AGE: Applicant is at least 70 years of age as of July 1, 2020

OR

SURVIVING SPOUSE: Spouse deceased prior to July 1, 2020

OWNERSHIP: Surviving Spouse or Minor owns the property in Revere as of July 1, 2020.

Senior owns the property in Revere for not less than five years.

DOMICILE: Surviving Spouse or Minor has occupied the property in Revere as of July 1, 2020.

Senior occupies the property in Revere for not less than five years.

ASSETS: Assets of applicant is less than \$ 67,379

➤ HOW TO COMPLETE THE APPLICATION:

- 1: Fill out Sections A, B, C and D
- 2: Document **ALL** sources of Assets attributable to the applicant
- 3: Attach all supporting documentation

CHECK LIST

- ☐ Senior - Birth certificate to show proof of age – 70 as of July 1, 2020 (first year only)
- ☐ Surviving Spouse – Death certificate of spouse prior to July 1, 2020 (first year only)
- ☐ Proof of property ownership as of July 1, 2020 (Assessing records, Deed)
- ☐ Proof of occupancy of home in Revere as of July 1, 2020 (Voter registration, 2 utility bills, tax return)
- ☐ Statement of all Asset: Examples: Savings, Checking, CD's, IRA, Money Market, Stocks, Bonds, Motor Vehicle, Other Real Estate and Personal Property.
- ☐ 2019 Tax Return
- ☐ Trust documents and Affidavit of Trust if home is in a trust
- ☐ Completed Application

Submit completed application to: Revere Assessor's Office
281 Broadway
Revere, MA 02151

Filing deadline for Fiscal Year 2021 is April 1, 2021

CITY OF REVERE

SENIOR 70 AND OLDER - SURVIVING SPOUSE

FY 2021 APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

Assessors Use Only (YELLOW)

17D

Date Received _____

Application # _____

Parcel ID: _____

____ Ownership

____ Occupancy

____ Status

____ Income

____ Assets

____ Granted

____ Denied

____ Deemed Denied

Date Voted: _____

This application is not open to public inspection (GL Chapter 59, Section 60). It must be filed with the Board of Assessors on or before December 15 or 3 months after actual (not preliminary) tax bills are mailed for Fiscal Year if later. Filing this form does not stay the collection of your taxes.

INSTRUCTIONS: Complete all sections fully. (Please print or type.)

A: IDENTIFICATION.

Name of Applicant: _____ Marital Status: _____

Social Security No. (optional): _____ Tel No.: _____

Legal Residence (Domicile) on July 1, 2020: _____

Mailing Address (if different): _____

Location of Property: _____ No. of Dwelling Units: _____

Did you own the property on July 1, 2020? ____ Yes ____ No
If yes, were you ____ Sole Owner ____ Co-Owner with Spouse only ____ Co-Owner with others

Was the Property subject to a trust as of July 1, 2020? ____ Yes ____ No
(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? ____ Yes ____ No
If yes, name of City or Town _____ Amount exempted \$ _____

B. EXEMPTION STATUS.

Have you owned and occupied the property as your domicile for at least 5 years? ____ Yes ____ No
If no, list the properties you owned / or occupied during the past 5 years on next page.

Date of Birth: _____
(If first year of application, attach copy of birth certificate)

Please indicate if you are a surviving spouse: _____
and complete the questions that follow.

Deceased spouse's name: _____

Date of death: _____

Have you remarried: ____ Yes ____ No

If yes, date of remarriage: _____

(If first year of application, please attach copy of death certificate)

If necessary, list the properties you owned and / or occupied during the past 5 years.

Address	Dates	Owned	Occupied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR

Documentation may be requested to verify your assets.

REAL ESTATE:	Assessed Valuation	Amount Due on Mortgage	VALUE
Domicile	_____	_____	_____
Other	_____	_____	_____

PERSONAL ESTATE:

Bank Accounts: Name and Address of Bank (Savings/Checking Accounts, Money Market, CD's IRA etc)	Account No.	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stocks, Bonds, Securities, Etc.: Description	Amount
_____	_____
_____	_____

Motor Vehicles and Trailers			Amount
Year	Make	Model	
_____	_____	_____	_____
_____	_____	_____	_____

Other Non-Exempt Personal Property		Amount
Kind	Description	
_____	_____	_____

TOTAL

D. SIGNATURE: sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents are true, correct and complete. I hereby authorize any and all persons, agencies and institutions to release to the Revere Board of Assessors any and all information to verify eligibility for a tax exemption in conjunction with Chapter 59 Section 5 of the Massachusetts General Laws. The information obtained will be kept confidential and will be used only in connection with the application or pending with the Revere Board of Assessors

Your Signature

Date

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