The applicant will need to document:

**SERVICE CONNECTED DISABILITY:** Certification of a service connected disability or death from the U.S. Department of Veterans Affairs

**OWNERSHIP:** Applicant owns the property in Revere as of July 1, 2020

**DOMICILE:** Applicant has occupied the property in Revere as of July 1, 2020. Veteran must also have been domiciled in Massachusetts for at least 6 consecutive months before entering military service or lived in Massachusetts for at least 5 consecutive years before the tax year begins.

➤ **HOW TO COMPLETE THE APPLICATION:**

1: Fill out Sections A, B, and C
2: Attach disability letter from U.S Department of Veterans Affairs dated for current fiscal year
3: Attach all supporting documentation

**CHECK LIST**

- Disability letter from U.S Department of Veterans Affairs dated for current fiscal year
- DD 214 (First Year only)
- Surviving spouse or parent of qualifying Veteran – Death certificate (first year only)
- Proof of occupancy of home in Revere as of July 1, 2020 (Voter registration, 2 utility bills,)
- 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**
State Tax Form 96-4
The Commonwealth of Massachusetts

CITY OF REVERE

VETERAN

FY 2021 APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

Assessors Use Only (GREEN)
22 22A 22B 22C 22D 22E
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.

Please check the status that applies to you and answer the questions that follow

_____ Veteran

_____ Veteran’s Spouse Veteran’s Name ____________________________

_____ Veteran’s surviving spouse/parent Deceased Veteran ____________________________
(If first year of application, attach copy of death certificate)
B. EXEMPTIONS STATUS (continued).

Date enlisted/inducted: ________________ Date discharged: ________________

Type of discharge: _____________________________________________________________

(If first year of application, attach copy of discharge papers)

Military decorations or awards: ________________________________________________

Did the veteran live in Massachusetts at least 6 months prior to entering the service Yes No

If no, list the places and dates where the veteran was domiciled during the last 6 years

<table>
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Was the veteran killed during military service? Yes No

If yes, date of death. ___________________________________________________________

If yes, and you are surviving spouse, have you remarried Yes No

Does the veteran have a war-service connected disability? Yes No

If yes, enter type of injury and percentage of disability and attach Veterans Administration Certificate.

________________________________________________________________________

Has the veteran acquired "specially adapted housing"? Yes No

Is the veteran capable of working? Yes No

Is the veteran a paraplegic Yes No

C. 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.

________________________________________________________________________

Your Signature Date

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