

## **FISCAL YEAR 2021 DISABLED VETERANS TAX EXEMPTION**

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**

**CITY OF REVERE**

**VETERAN**

**FY 2021 APPLICATION FOR STATUTORY EXEMPTION**

**General Laws Chapter 59, Section 5**

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.

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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

Address	Dates
_____	_____
_____	_____
_____	_____

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