

FISCAL YEAR 2024 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, 2023.

DOMICILE: Applicant has occupied the property in Revere as of July 1, 2023. 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, 2023 (Voter registration or 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 2024 is April 1, 2024

Assessors Use Only
22 22A 22B 22C 22D 22E
Date Received _____
Application # _____
Parcel ID: _____
____ Ownership
____ Occupancy
____ Status
____ Income
____ Assets
____ Granted
____ Denied
____ Deemed Denied
Date Voted: _____

CITY OF REVERE

VETERAN

FY 2024 APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

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, 2023: _____

Mailing Address (if different): _____

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

Did you own the property on July 1, 2023? _____ 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, 2023? _____ 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.