The applicant will need to document:

**PROOF OF LEGAL BLINDNESS:** Certificate of legal blindness from the Massachusetts Commission for the Blind

**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

〉 **HOW TO COMPLETE THE APPLICATION:**

1. Fill out Sections A, B, and C
2. Attach certificate of legal blindness from the Massachusetts Commission for the Blind

**CHECK LIST**

- Certificate of legal blindness from the Massachusetts Commission for the Blind
- 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 96-3
The Commonwealth of Massachusetts

CITY OF REVERE

BLIND

FY 2021 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, 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.
Were you legally blind as of July 1, 2020 ___Yes ___No
Are you registered with the Massachusetts Commission for the Blind? ___Yes ___No
If yes, give Certificate Number: ___________________________ Date registered: ___________________________
(Attach copy of certificate)
If no, attach a letter from your doctor indicating status as of July first.

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.