

FISCAL YEAR 2024 SENIOR TAX EXEMPTION – CLAUSE 41C ½

Senior Tax Exemption Clause 41C ½ is purely “income based” and does not consider personal assets. To qualify, the applicant will need to document:

AGE: Applicant is at least 65 years of age as of July 1, 2023

OWNERSHIP: Applicant owns the property in Revere as of July 1, 2023 and has owned that property or another property in Massachusetts as a domicile for any 5 years

DOMICILE: Applicant has occupied the property in Revere as of July 1, 2023 and has been domiciled in Massachusetts for 10 consecutive years before July 1, 2023.

INCOME: Income of applicant was less than \$64,000 in **calendar year 2022**

➤ HOW TO COMPLETE THE APPLICATION:

- 1: Fill out Sections A, B, C and D
- 2: Document **ALL** sources of income attributable to the applicant
- 3: Attach Copies of Federal and State Income Tax Return (**2022**) (if applicable)
- 4: Attach Copies of all supporting documentation

CHECK LIST

- ☐ A Copy of Birth certificate to show proof of age – 65 as of July 1, 2023 (**first time only**)
- ☐ Proof of property ownership as of July 1, 2023 (Assessing records or Deed)
- ☐ Proof of occupancy of home in Revere as of July 1, 2023 (Voter registration, 2 utility bills or tax return)
- ☐ Statement of all income sources: IRA accounts, pensions, rents, social security, etc
- ☐ A copy of State and/or Federal Income Tax Return from calendar year **2022** (if filed)
- ☐ Trust documents and Affidavit of Trust if home is in a trust
- ☐ Completed Application

Please provide copies of all documents, copies will not be made

Income information for filing Fiscal Year 2024 is calendar year 2022

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

Filing deadline for Fiscal Year 2024 is April 4, 2024

CITY OF REVERE

SENIOR 65 AND OLDER

FY 2024 APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

Assessors Use Only (BLUE)
41C 1/2
Date Received _____
Application # _____
Parcel ID: _____
____ Ownership
____ Occupancy
____ Status
____ Income
____ Age
____ 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: _____

Telephone Number: _____

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.

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

Have you owned and occupied the property as your domicile for at least 11 years? _____ Yes _____ No
If no, list the properties you owned / or occupied during the past 11 years.

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

Continue list on attachment in same format as necessary.

C. GROSS RECEIPTS FROM ALL SOURCE IN PRECEDING CALENDAR YEAR.

Copies of your federal and state income tax returns may be requested to verify your income.

	Applicant
Retirement Benefits (Social Security, Railroad, Federal Mass and Political Subdivisions)	_____
Other Pensions and Retirement Allowances	_____
Wages, Salaries and other Compensation	_____
Net Profits from Business and Profession or Property Rental	_____
Interest and Dividends	_____
Other Receipt (Capital Gains, Public Assistance, etc)	_____
TOTALS	_____

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

Applicant Signature

Date

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