

## **FISCAL YEAR 2021 SENIOR TAX EXEMPTION – CLAUSE 41C ½**

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

**AGE:** Applicant is at least 65 years of age as of July 1, 2020

**OWNERSHIP:** Applicant owns the property in Revere as of July 1, 2020 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, 2020 and has been domiciled in Massachusetts for the preceding 10 years

**INCOME:** Income of applicant was less than \$60,000 in calendar year 2019

### **➤ 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 (2019) (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, 2020 (**first time only**)
- ☐ Proof of property ownership as of July 1, 2020 (Assessing records or Deed)
- ☐ Proof of occupancy of home in Revere as of July 1, 2020 (Voter registration or 2 utility bills, 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 2019 (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 2021 is calendar year 2019

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

SENIOR 65 AND OLDER

FY 2021 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, 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.**

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)	_____
<b>TOTALS</b>	_____

**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.