

FISCAL YEAR 2020 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, 2019

DOMICILE: Applicant has occupied the property in Revere as of July 1, 2019. 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, 2019 (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 2020 is April 1, 2020

Assessors Use Only (GREEN)
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 2020 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, 2019: _____

Mailing Address (if different): _____

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

Did you own the property on July 1, 2019? _____ 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, 2019? _____ 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

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