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**
State Tax Form 96-4
The Commonwealth of Massachusetts

Assessors Use Only (GREEN)
22 22A 22B 22C 22D 22E
Date Received
Application #
Parcel ID:
Ownership
Occupancy
Status
Income
Assets
Grautnted
 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

<table>
<thead>
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<th>Address</th>
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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.