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, 2019

**DOMICILE:** Applicant has occupied the property in Revere as of July 1, 2019

➤ **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, 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 96-3
The Commonwealth of Massachusetts

CITY OF REVERE

BLIND

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.
Were you legally blind as of July 1, 2019 ___ 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.