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, 2019

**OWNERSHIP:** Applicant owns the property in Revere as of July 1, 2019 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, 2019 and has been domiciled in Massachusetts for the preceding 10 years

**INCOME:** Income of applicant was less than $58,000 in calendar year 2018

> **HOW TO COMPLETE THE APPLICATION:**

1. Fill out Sections A, B, C and D
2. Document **ALL** sources of income attributable to the applicant
4. Attach Copies of all supporting documentation

**CHECK LIST**

- A Copy of Birth certificate to show proof of age – 65 as of July 1, 2019 (first time only)
- Proof of property ownership as of July 1, 2019 (Assessing records or Deed)
- Proof of occupancy of home in Revere as of July 1, 2019 (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 2018 (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 2020 is calendar year 2018

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

**Filing deadline for Fiscal Year 2020 is April 1, 2020**
CITY OF REVERE

SENIOR 65 AND OLDER

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: ______

Telephone Number: ____________________________

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.

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.

<table>
<thead>
<tr>
<th>Address</th>
<th>Dates</th>
<th>Owned</th>
<th>Occupied</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
<td>______</td>
<td>______</td>
<td>______</td>
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<tr>
<td>____________________________</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

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.

Retirement Benefits (Social Security, Railroad, Federal Mass and Political Subdivisions)    Applicant
__________________________________________________________________________________

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.