

## **FISCAL YEAR 2023 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, 2022

**DOMICILE:** Applicant has occupied the property in Revere as of July 1, 2022. 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, 2022 (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 2023 is April 3, 2023**

**CITY OF REVERE**

**VETERAN**

**FY 2023 APPLICATION FOR STATUTORY EXEMPTION**

**General Laws Chapter 59, Section 5**

Date Received \_\_\_\_\_  
Application # \_\_\_\_\_  
Parcel ID:  
\_\_\_ Ownership  
\_\_\_ Occupancy  
\_\_\_ Status  
\_\_\_ Income  
\_\_\_ Assets  
\_\_\_ 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.

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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, 2022: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Location of Property: \_\_\_\_\_ No. of Dwelling Units: \_\_\_\_\_

Did you own the property on July 1, 2022? \_\_\_ 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, 2022? \_\_\_ 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.