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**
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

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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.