



**37A**

**CITY OF REVERE**

**BLIND**

**FY 2023 APPLICATION FOR STATUTORY EXEMPTION**

**General Laws Chapter 59, Section 5**

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

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.**

Were you legally blind as of July 1, 2022 \_\_\_\_\_ 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.