FISCAL YEAR 2023 LEGALLY BLIND PERSONS TAX EXEMPTION

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, 2022

**DOMICILE:** Applicant has occupied the property in Revere as of July 1, 2022

➢ **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, 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

BLIND

FY 2023 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, 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.

______________________________ Date

Your Signature

If signed by an agent, attach copy of written authorization to sign on behalf of taxpayer.